Date: June 29, 2021 Your Name: Yanan Zhang Manuscript Title: A case describing patients with COVID-19 that secondarily transmitted Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	l.	Time frame: Since the initial	planning of the work
1	All support for the present	√None	
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	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		<b>T</b> :	
2		Time frame: past	36 months
2	Grants or contracts from	<u>√</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>√</u> None	
4	Consulting fees	_ <u>√</u> None	
5	Payment or honoraria for	√None	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√ None	
0		√None	
	testimony		
7	Support for attending meetings and/or travel	_ <u>√</u> None	
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	√ None	
-	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role		
10		√None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	√ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
15	financial interests		

The author has no conflicts of interest to declare.

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Date: June 29, 2021 Your Name: Xia Cao Manuscript Title: A case describing patients with COVID-19 that secondarily transmitted Manuscript number (if known):

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>√</u> None	
4	Consulting fees	_ <u>√</u> None	
5	Payment or honoraria for	√None	

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

The author has no conflicts of interest to declare.

# Please place an "X" next to the following statement to indicate your agreement:

Date: June 29, 2021 Your Name: Juan Ma Manuscript Title: A case describing patients with COVID-19 that secondarily transmitted Manuscript number (if known):

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2	Grants or contracts from	<u>√</u> _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>√</u> None	
4	Consulting fees	_ <u>√</u> None	
5	Payment or honoraria for	√None	

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	√None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

The author has no conflicts of interest to declare.

# Please place an "X" next to the following statement to indicate your agreement:

Date: June 29, 2021 Your Name: Li Zhu Manuscript Title: A case describing patients with COVID-19 that secondarily transmitted Manuscript number (if known):

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3	Royalties or licenses	<u>√</u> None	
4	Consulting fees	_ <u>√</u> None	
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0		√None	
	testimony		
7	Support for attending meetings and/or travel	_ <u>√</u> None	
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	√ None	
-	Safety Monitoring Board or		
	Advisory Board		
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10		√None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	√ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
15	financial interests		

The author has no conflicts of interest to declare.

### Please place an "X" next to the following statement to indicate your agreement:

Date: June 29, 2021 Your Name: Juan Chen Manuscript Title: A case describing patients with COVID-19 that secondarily transmitted Manuscript number (if known):

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2	Grants or contracts from	<u>√</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>√</u> None	
4	Consulting fees	_ <u>√</u> None	
5	Payment or honoraria for	<u>√_</u> None	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√ None	
0			
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	√ None	
	Safety Monitoring Board or		
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