Date:	07/09/2021
Your N	ame: YaoliZhu

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe

community-acquired pneumonia

Manuscript number (if known):\_\_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	<b>X</b> None	
	testimony	XNone	
	,		
7	Support for attending	<b>X</b> None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending	<u> </u>	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
		_XNone	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
	services	••	
13	Other financial or non- financial interests	XNone	
	imanciai interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
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Date: 07/09/202	1
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Your Name: Xiaobin Zheng

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe

community-acquired pneumonia

Manuscript number (if known):\_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment of honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
	•		
7	Support for attending	X None	
,	meetings and/or travel	<b>X</b> None	
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8	Datants planned issued or	V Name	
٥	Patents planned, issued or pending	<b>X</b> None	
	pending		
^	Dantisia stiana ana a Data	V	
9	Participation on a Data Safety Monitoring Board or	<b>X</b> None	
	Advisory Board		
40	•	<b>Y</b>	
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	V None	
11	Stock of Stock options	_XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	<b>X</b> None	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests	XNone	
Ple	ease summarize the above o	onflict of interest in the	following box:
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L_			
<b>~</b> !		. (. 11	*
PIE	ease place an "X" next to the	e tollowing statement to	indicate your agreement:

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:	07	/09	/2021
Dute.	0,	, 00	, 2021

Your Name: Kaizhuang Huang

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe

community-acquired pneumonia

Manuscript number (if known):\_\_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding,	<b>X</b> None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V N	
6	Payment for expert testimony	XNone	
	testimony		
7	Cupport for attending	V Name	
/	Support for attending meetings and/or travel	<b>X</b> None	
	meetings and/or traver		
8	Patents planned, issued or	V Name	
0	pending	XNone	
	Perionip		
9	Participation on a Data	<b>X</b> None	
,	Safety Monitoring Board or	ANone	
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	<b>X</b> None	
13	financial interests	<b>^</b> None	
	maneial intel ests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:

Date:	07/09/2021
Your N	lame: Cuiyan Tan

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe

community-acquired pneumonia

Manuscript number (if known):\_\_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame, nect	26
	_	Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	<b>v</b>	
6	Payment for expert	XNone	
	testimony		
7	Cooperat for attending	V	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	<b>X</b> None	
	pending		
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
	Stock of Stock options	_ANone	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the fol	lowing box:

Date:	07/09/2021
Your N	ame: Yaoyao Li

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe

community-acquired pneumonia

Manuscript number (if known):\_\_\_\_\_

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		Time frame: Since the initial	planning of the work
1	All support for the present	<b>X</b> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	<b>v</b>	
6	Payment for expert	XNone	
	testimony		
7	Cooperat for attending	V	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	<b>X</b> None	
	pending		
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
	Stock of Stock options	_ANone	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the fol	lowing box:

Date:	07/09/2021
Your N	ame: Weiping Zhu

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe

community-acquired pneumonia

Manuscript number (if known):\_\_\_\_\_\_

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	manuscript (e.g., funding,		
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	any entity (if not indicated		
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	6 ,		
8	Patents planned, issued or	<b>X</b> None	
	pending		
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
	Stock of Stock options	_XNone	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:

Date:	07/09/2021	
Your N	lame:Ning Liu	

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe

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3	Royalties or licenses  Consulting fees	XNone XNone	
	3 3		

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	6 ,		
8	Patents planned, issued or	<b>X</b> None	
	pending		
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
	Stock of Stock options	_XNone	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:

**Date:** 07/09/2021 **Your Name:** Yi Zhou

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe

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Manuscript number (if known):\_\_\_\_\_

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	<b>X</b> None	
	periamg		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	<b>X</b> None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	<b>X</b> None	
	Stock of Stock options	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the fol	lowing box:

Date:	07/09/2021
Your N	ame: Hua Chen

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe

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Manuscript number (if known):\_\_\_\_\_\_

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	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
	Stock of Stock options	_ANone	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
			ı

Date:	07/09/2021	
Your N	lame: Peng Li	

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe

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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
	•		
7	Cupport for attending	Y None	
,	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	<b>X</b> None	
	pending		
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	<b>X</b> NONE	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	V None	
11	Stock of Stock options	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:

Date:	07/09/2021
Your N	ame: Qingdong Cao

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe

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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from	<b>X</b> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	V Name	
,	meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	<b>X</b> None	
	pending	XNone	
	F		
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
42		<b>v</b>	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:

Your Name: Minying Chen

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe

community-acquired pneumonia

Manuscript number (if known):\_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	<b>X</b> None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<b>X</b> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	V Name	
,	meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	<b>X</b> None	
	pending	XNone	
	F		
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
42		<b>v</b>	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box: