

ICMJE DISCLOSURE FORM

Date: 07/09/2021

Your Name: 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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 07/09/2021

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): _____

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Date: 07/09/2021

Your Name: Kaizhuang Huang

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe community-acquired pneumonia

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Date: 07/09/2021

Your Name: Cuiyan Tan

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe community-acquired pneumonia

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Date: 07/09/2021

Your Name: Yaoyao Li

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe community-acquired pneumonia

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Date: 07/09/2021

Your Name: Weiping Zhu

Manuscript Title: Mortality prediction using clinical and laboratory features in elderly patients with severe community-acquired pneumonia

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Date: 07/09/2021

Your Name: Yi Zhou

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Date: 07/09/2021

Your Name: Hua Chen

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Date: 07/09/2021

Your Name: Qingdong Cao

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 07/09/2021

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): _____

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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