Date:	2021/12/1
Your Name:	Haifeng Li
Manuscript Ti	tle: A comparative analysis of clinical characteristics in patients infected with severe acute
respiratory s	syndrome coronavirus 2 (SARS-CoV-2) between Wuhan and Zhoushan, China_
Manuscript nu	umber (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 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)
		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).		
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	<b>X</b> None	
	meetings and/or travel		
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		
4.4	group, paid or unpaid		
11	Stock or stock options	XNone	
10		•	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
13	financial interests		
	maneral meereses		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None		

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

Date:	2021/12/3
<b>Your Name</b>	e:Lue Li
Manuscript	t Title: A comparative analysis of clinical characteristics in patients infected with severe acut
respirator	ry syndrome coronavirus 2 (SARS-CoV-2) between Wuhan and Zhoushan, China_
Manuscript	t number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	<b>X</b> None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
O	testimony	XNone	
7	Support for attending meetings and/or travel	<b>X</b> None	
	<b>3</b>		
8	Patents planned, issued or	XNone	
	pending		
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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
DI-		fl: - t - f : t t ! t	fallanda a han

None.		

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

Date:	2021/12/3
Your Na	me:Hanyang Zheng
Manusc	ipt Title: A comparative analysis of clinical characteristics in patients infected with severe acute
respira	tory syndrome coronavirus 2 (SARS-CoV-2) between Wuhan and Zhoushan, China_
Manusc	ipt 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	<b>X</b> None	
	testimony	XNone	
7	Support for attending meetings and/or travel	<b>X</b> None	
8	Patents planned, issued or	XNone	
	pending		
-			
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	V Name	
10	in other board, society, committee or advocacy	<b>X</b> None	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:	2021/12/3
Your Name:	Mingjiang Xiao
<b>Manuscript Tit</b>	tle: A comparative analysis of clinical characteristics in patients infected with severe acute
respiratory s	syndrome coronavirus 2 (SARS-CoV-2) between Wuhan and Zhoushan, China_
Manuscript nu	umber (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).		
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	<b>X</b> None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Dauticipation on a Data	V N	
9	Participation on a Data Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
DIA	acco cummariza tha abaya c	anflict of intoract in the f	ollowing hove

None.			

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

Date:	_2021/12/3
Your Name:	Qiujing Wang
<b>Manuscript Tit</b>	ele: A comparative analysis of clinical characteristics in patients infected with severe acute
respiratory s	yndrome coronavirus 2 (SARS-CoV-2) between Wuhan and Zhoushan, China_
Manuscript nu	mber (if known):

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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, medical writing, article processing charges, etc.)  No time limit for this item.	Health High Level Talents of Zhejiang Province and the Science and Technology Bureau of Zhoushan (No. 2020C31002)	
		Time frame: past	36 months
2	Grants or contracts from 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	_XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

ı	None.			

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

Date:	2021/12/3	
<b>Your Name</b>	Shibo Li	
Manuscript	Title: A comparative analysis of clinical characteristics in patients infected	with severe acute
respirator	y syndrome coronavirus 2 (SARS-CoV-2) between Wuhan and Zhoushan, C	China
Manuscript	number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from 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	_XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	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	_XNone	
4.2			
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

None.	

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

form.

Date:12/4/2021 _				
Your Name:	_Wangyu Zhu			
Manuscript Title:	A comparative analysis of clinical characteristics in patients infected with severe acute			
respiratory syndrome coronavirus 2 (SARS-CoV-2) between Wuhan and Zhoushan, China				
Manuscript number (if known):				

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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: 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						
6	Payment for expert	V Name					
b	testimony	_XNone					
7	Support for attending meetings and/or travel	_ <b>X</b> None					
	G ,						
8	Patents planned, issued or	_ <b>X</b> None					
	pending						
9	Participation on a Data	_XNone					
	Safety Monitoring Board or						
	Advisory Board						
10	Leadership or fiduciary role in other board, society,	_XNone					
	committee or advocacy						
	group, paid or unpaid						
11	Stock or 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	Please summarize the above conflict of interest in the following box:						

one.			

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