

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Giulia

2. Surname (Last Name)

Stella

3. Date

15-October-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining

6. Manuscript Identifying Number (if you know it)

JTD-20-2934

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☐ No

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Dr. Stella has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Davide	2. Surname (Last Name) Piloni	3. Date 15-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name GM Stella
5. Manuscript Title COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining		
6. Manuscript Identifying Number (if you know it) JTD-20-2934		

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Giulia

2. Surname (Last Name)

Accordino

3. Date

15-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

GM Stella

5. Manuscript Title

COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining

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☐ Yes

☒ No



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Dr. Accordino has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Amelia	2. Surname (Last Name) Grosso	3. Date 15-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name GM Stella
5. Manuscript Title COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining		
6. Manuscript Identifying Number (if you know it) JTD-20-2934		

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

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Dr. Grosso has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Federica	2. Surname (Last Name) Albicini	3. Date 15-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name GM Stella
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Erica	2. Surname (Last Name) Gini	3. Date 15-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name GM Stella
5. Manuscript Title COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining		
6. Manuscript Identifying Number (if you know it) JTD-20-2934		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☐ No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gini has nothing to disclose.

### Evaluation and Feedback

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Silvia	2. Surname (Last Name) Mancinelli	3. Date 15-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name GM Stella
5. Manuscript Title COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining		
6. Manuscript Identifying Number (if you know it) JTD-20-2934		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☐ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Mancinelli has nothing to disclose.

### Evaluation and Feedback

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Matteo

2. Surname (Last Name)

Della Zoppa

3. Date

15-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

GM Stella

5. Manuscript Title

COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining

6. Manuscript Identifying Number (if you know it)

JTD-20-2934

### Section 2.

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Are there any relevant conflicts of interest?

☐ Yes

☐ No

### Section 3.

#### Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

### Section 4.

#### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Della Zoppa has nothing to disclose.

### Evaluation and Feedback

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Marchelli	3. Date 15-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name GM Stella
5. Manuscript Title COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining		
6. Manuscript Identifying Number (if you know it) JTD-20-2934		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☐ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Marchelli has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Chandra	2. Surname (Last Name) Bortolotto	3. Date 15-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name GM Stella
5. Manuscript Title COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining		
6. Manuscript Identifying Number (if you know it) JTD-20-2934		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Bortolotto has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Angelo	2. Surname (Last Name) Corsico	3. Date 15-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name GM Stella
5. Manuscript Title COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining		
6. Manuscript Identifying Number (if you know it) JTD-20-2934		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☐ No

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Corsico has nothing to disclose.

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