Da	te: _ April 28, 2021		
Yo	ur Name:Zhoulin Chang	<u> </u>	
		• =	ligence in Covid-19 Medical Area: a literature review
Ma	anuscript number (if known)	:	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only.  e author's relationships/act	manuscript. "Related" mean e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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2	Country and it is	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	xNone	
	in item #1 above).		
3	Royalties or licenses	x None	
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4	Consulting fees	xNone	

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Payment or honoraria for

			·
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Nama	
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending	xNone	
,	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
40	Advisory Board	A1	
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,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
13	financial interests	xNone	
	Timanolar interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

I have no conflicts of interest to declare.						

Da	te: _ April 28, 2021			
Yo	ur Name: Zhiqing Zhan			
Ma	anuscript Title: A	pplication of Artificial Intel	ligence in Covid-19 Medical Area:	a literature review
Ma	anuscript number (if known)	):		
rel par to rel The ma The to me	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, e following questions apply anuscript only.  e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" mea e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare eation is not mentioned in the pport for the work reporte	ps/activities/interests as they related the selection of	not-for-profit third sents a commitment r to list a te to the <u>current</u> our manuscript pertains ers of antihypertensive
		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 institution)	or to your
		Time frame: Since the initial	planning of the work	
1	All support for the present	x None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		T:	26 months	
2	Grants or contracts from	Time frame: past	36 months	
۷	any entity (if not indicated	xNone		
	in item #1 above).			
3	Royalties or licenses	x None		
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4	Consulting fees	xNone		

Payment or honoraria for

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Nama	
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending	xNone	
,	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
40	Advisory Board	A1	
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,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
13	financial interests	xNone	
	Timanolar interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

I have no conflicts of interest to declare.						

Da	te: _ April 28, 2021			
Yo	ur Name: Zifan Zhao			
Ma	anuscript Title: A <sub>l</sub>	pplication of Artificial Intel	ligence in Covid-19 Medical Area:	a literature review
Ma	anuscript number (if known)	):		
rel to rel Th	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply muscript only.	manuscript. "Related" me e affected by the content on the content of the content	I relationships/activities/interests ans any relation with for-profit or of the manuscript. Disclosure represent fyou are in doubt about whether so.	not-for-profit third esents a commitment r to list a te to the <u>current</u>
to	the epidemiology of hyperto	ension, you should declare	all relationships with manufacture	
me	edication, even if that medic	ation is not mentioned in	the manuscript.	
	item #1 below, report all su e time frame for disclosure i	· ·	d in this manuscript without time	limit. For all other items,
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you	or to your
		relationship or indicate none (add rows as needed)	institution)	, ,
		Time frame: Since the initia	l planning of the work	
	All support for the present	x None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)  No time limit for this item.			
	No time minit for this item.			
		Time frame: past	: 36 months	
)	Grants or contracts from	xNone		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	xNone		
L	Consulting fees	xNone		
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Payment or honoraria for

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Nama	
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending	xNone	
,	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
40	Advisory Board	A1	
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,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
13	financial interests	xNone	
	Timanolar interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

I have no conflicts of interest to declare.						

Dat	e: _ April 28,	2021			
You	r Name:	Zhixuan You			
Mai	nuscript Title	: Ar	pplication of Artificial Inte	elligence in Covid-19 Medical Area:	a literature review
Maı	nuscript num	ber (if known)	<b>:</b>		
rela part to t	ted to the co ties whose in ransparency	ntent of your terests may be and does not i	manuscript. "Related" me affected by the content	Il relationships/activities/interests eans any relation with for-profit or of the manuscript. Disclosure representing the solution of the manuscript of the	not-for-profit third sents a commitment
	following qu nuscript only		to the author's relationsh	ips/activities/interests as they rela	te to the <u>current</u>
to t med In it	he epidemio dication, eve em #1 below	logy of hyperton if that medical, report all su	ension, you should declard ation is not mentioned in	e <u>defined broadly</u> . For example, if you e all relationships with manufacture the manuscript. ed in this manuscript without time	ers of antihypertensive
			Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you institution)	or to your
			needed)		
			Time frame: Since the initia	al planning of the work	-
	All support for manuscript (e provision of st medical writin processing cha No time limit	.g., funding, udy materials, g, article arges, etc.)	x_None		
			Time frame: pas	t 36 months	
	Grants or cont any entity (if r in item #1 abo	not indicated	xNone		
3	Royalties or lie	censes	xNone		
	Consulting fee	nc .	xNone		
	Consulting fee	:3	xNone		

Payment or honoraria for

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Nama	
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending	xNone	
,	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
40	Advisory Board	A1	
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,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
13	financial interests	xNone	
	Timanolar interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

I have no conflicts of interest to declare.						

Da	te: _ April 28, 2021			
Yo	ur Name: Yang Liu			
Ma	nuscript Title: A		ligence in Covid-19 Medical Area:	a literature review
	nuscript number (if known			
rel to rel The	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, e following questions apply muscript only.	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationships."	I relationships/activities/interests I ans any relation with for-profit or rof the manuscript. Disclosure represent fyou are in doubt about whether so.  Ips/activities/interests as they related	not-for-profit third sents a commitment r to list a te to the <u>current</u>
me In i	edication, even if that medic	cation is not mentioned in port for the work reporte	all relationships with manufacture the manuscript.	
		Name all entities with	Specifications/Comments	
		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 institution)	or to your
		whom you have this relationship or indicate	(e.g., if payments were made to you institution)	or to your
	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you institution)	or to your
	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you institution)	or to your
	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you institution)	or to your
	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you institution)	or to your
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you institution)	or to your
	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you institution)	or to your
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you institution)	or to your
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaxNone	(e.g., if payments were made to you institution)  I planning of the work	or to your
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you institution)  I planning of the work	or to your
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaxNone  Time frame: past	(e.g., if payments were made to you institution)  I planning of the work	or to your
-	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaxNone  Time frame: past	(e.g., if payments were made to you institution)  I planning of the work	or to your
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaxNone  Time frame: past	(e.g., if payments were made to you institution)  I planning of the work	or to your
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaxNone  Time frame: pastxNone	(e.g., if payments were made to you institution)  I planning of the work	or to your
-	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaxNone  Time frame: pastxNone	(e.g., if payments were made to you institution)  I planning of the work	or to your
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initiaxNone  Time frame: pastxNone	(e.g., if payments were made to you institution)  I planning of the work	or to your

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Payment or honoraria for

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Nama	
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending	xNone	
,	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
40	Advisory Board	A1	
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-	x None	
13	financial interests	xNone	
	Timanolar interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

I have no conflicts of interest to declare.	I have no conflicts of interest to declare.					

	te: _ April 28, 2021		
Ma	ur Name:Zhihong Yar anuscript Title:A anuscript number (if known)	oplication of Artificial Inte	lligence in Covid-19 Medical Area: a literature review
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content one necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a poso.
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declare ation is not mentioned in oport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items,
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
		Time frame: Since the initia	l 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: past	t 36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
2	in item #1 above).	y None	
3	Royalties or licenses	xNone	

Consulting fees

Payment or honoraria for

\_x\_\_None

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Nama	
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending	xNone	
,	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
40	Advisory Board	A1	
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-	x None	
13	financial interests	xNone	
	Timanolar interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

I have no conflicts of interest to declare.	I have no conflicts of interest to declare.					

Da	te: _ April 28, 2021			
	ur Name:Yong Fu			
Ma	anuscript Title: A <sub>l</sub>	pplication of Artificial Intel	ligence in Covid-19 Medical Area:	a literature review
Ma	anuscript number (if known)	):		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests ans any relation with for-profit or of the manuscript. Disclosure repression are in doubt about whether so.	not-for-profit third esents a commitment
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they rela	te to the <u>current</u>
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if yo all relationships with manufacture the manuscript. d in this manuscript without time	ers of antihypertensive
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you institution)	ı or to your
		needed)		
		Time frame: Since the initial	l planning of the work	
	All support for the present	x 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). Royalties or licenses	y None		
)	noyalties of licenses	xNone		
ļ	Consulting fees	xNone		

Payment or honoraria for

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Nama	
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending	xNone	
,	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
40	Advisory Board	A1	
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-	x None	
13	financial interests	xNone	
	Timanolar interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

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Da	te: _ April 28, 2021		
	ur Name: Wenhua Lian	g	
			ligence in Covid-19 Medical Area: a literature review
	anuscript number (if known)	- <del>-</del>	<del>-</del>
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rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	,
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	x 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	x None	
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x None	
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Consulting fees

Payment or honoraria for

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Nama	
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending	xNone	
,	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
40	Advisory Board	A1	
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-	x None	
13	financial interests	xNone	
	Timanolar interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

I have no conflicts of interest to declare.	I have no conflicts of interest to declare.					

Da	ite: _ April 28, 2021			
	ur Name: Lei Zhao			
M	anuscript Title: A <sub>l</sub>	pplication of Artificial Inte	lligence in Covid-19 Medical Area:	a literature review
M	anuscript number (if known)	):		<del></del>
re pa to	ated to the content of your rties whose interests may be transparency and does not	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests ans any relation with for-profit or of the manuscript. Disclosure repre If you are in doubt about whethe	not-for-profit third esents a commitment
re	ationship/activity/interest,	it is preferable that you do	o so.	
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they rela	te to the <u>current</u>
to mo	the epidemiology of hyperto edication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your example, if your example, if your example, if you exampl	ers of antihypertensive
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you institution)	or to your
		Time frame: Since the initia	l planning of the work	
-	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.	x_None		
		Time frame: past	t 36 months	
2	Grants or contracts from any entity (if not indicated	xNone		
	in item #1 above).	N.		
3	Royalties or licenses	xNone		
ŀ	Consulting fees	xNone		
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Payment or honoraria for

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	lectures, presentations,						
	speakers bureaus,						
	manuscript writing or						
	educational events	Nana					
6	Payment for expert testimony	xNone					
	testimony						
7	Support for attending	xNone					
,	meetings and/or travel						
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8	Patents planned, issued or	x_None					
	pending						
9	Participation on a Data	x_None					
	Safety Monitoring Board or						
10	Advisory Board	N.					
10	Leadership or fiduciary role	xNone					
	in other board, society, committee or advocacy						
	group, paid or unpaid						
11	Stock or stock options	x_None					
12	Receipt of equipment, materials, drugs, medical	x_None					
	writing, gifts or other services						
13	Other financial or non-	x None					
13	financial interests						
Ple	Please summarize the above conflict of interest in the following box:						
	I have no conflicts of interest to declare.						

I have no conflicts of interest to declare.					