ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	ANA CASAL MOURIÑO
Manuscript Title:	**Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study**
Manuscript Number (if known):	Click or tap here to enter text.

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.**	[X] **None**	
			Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[X] **None**	
3	Royalties or licenses	[X] **None**	

		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)
4	Consulting fees	[X] **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	[X] **None**	
6	Payment for expert testimony	[X] **None**	
7	Support for attending meetings and/or travel	[X] **None**	
8	Patents planned, issued or pending	[X] **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[X] **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[X] **None**	

		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)
11	Stock or stock options	[X] **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[X] **None**	
13	Other financial or non-financial interests	[⊠] **None**	

Please place an "X" next to the following 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.

ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	Jose Manuel Álvarez-Dobaño
Manuscript Title:	**Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study**
Manuscript Number (if known):	Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	María Jesús Domínguez
Manuscript Title:	Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study
Manuscript Number (if known):	Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 10/22/2022

Your Name: Francisco Gude

Manuscript Title: Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	María Elena Toubes
Manuscript Title:	Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study
Manuscript Number (if known):	Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	Óscar Lado-Baleato
Manuscript Title:	Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study
Manuscript Number (if known):	Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	Anxo Martínez de Alegría
Manuscript Title:	Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study
Manuscript Number (if known):	Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	Manuel Taboada
Manuscript Title:	**Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study**
Manuscript Number (if known):	Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	Vanessa Riveiro
Manuscript Title:	Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study
Manuscript Number (if known):	Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	Nuria Rodríguez
Manuscript Title:	**Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study**
Manuscript Number (if known):	Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	Adriana Lama
Manuscript Title:	Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study
Manuscript Number (if known):	Click or tap here to enter text.

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	**Time frame: Since the initial planning of the work**		
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			Click the tab key to add additional rows.
**Time frame: past 36 months**		
2	Grants or contracts from any entity (if not indicated in item #1 above).	[X] **None**	
3	Royalties or licenses	[X] **None**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	[X] **None**	
6	Payment for expert testimony	[X] **None**	
7	Support for attending meetings and/or travel	[X] **None**	
8	Patents planned, issued or pending	[X] **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[X] **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[X] **None**	

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11	Stock or stock options	[X] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[X] None	
13	Other financial or non-financial interests	[X] None	

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ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	Lucía Ferreiro
Manuscript Title:	Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study
Manuscript Number (if known):	Click or tap here to enter text.

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colspan-4 **Time frame: Since the initial planning of the work**			
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ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	Borja Otero
Manuscript Title:	Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study
Manuscript Number (if known):	Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date:	10/22/2022
Your Name:	Juan Suárez Antelo
Manuscript Title:	Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study
Manuscript Number (if known):	Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date:	10/22/2022

Your Name:	Antonio Pose

Manuscript Title:	Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study

Manuscript Number (if known):	Click or tap here to enter text.

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Date:	10/22/2022
Your Name:	Luis Valdés
Manuscript Title:	Predictive models for lung injury one year after COVID-19-related hospitalization: A prospective study
Manuscript Number (if known):	Click or tap here to enter text.

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