

ICMJE DISCLOSURE FORM

Date: 2023/9/13
 Your Name: Dong-Fang Zhao
 Manuscript Title: Implementation of awake prone positioning in patients with COVID-19: a single-center prospective observational study
 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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		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)
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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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4	Consulting fees	<input checked="" type="checkbox"/> None	

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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:

None

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.

赵京芳

ICMJE DISCLOSURE FORM

Date: 2023/9/13
 Your Name: Lei Xue
 Manuscript Title: Implementation of awake prone positioning in patients with COVID-19: a single-center prospective observational study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/9/13
 Your Name: Xiao-Shu Zhou
 Manuscript Title: Implementation of awake prone positioning in patients with COVID-19: a single-center prospective observational study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/9/13
 Your Name: Wei-Yi Jin
 Manuscript Title: Implementation of awake prone positioning in patients with COVID-19: a single-center prospective observational study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/9/13
 Your Name: Yu-Jie Zhou
 Manuscript Title: Implementation of awake prone positioning in patients with COVID-19: a single-center prospective observational study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/9/13
 Your Name: Su-Mei Tong
 Manuscript Title: Implementation of awake prone positioning in patients with COVID-19: a single-center prospective observational study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/9/13
 Your Name: Pan-Feng Wang
 Manuscript Title: Implementation of awake prone positioning in patients with COVID-19: a single-center prospective observational study
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ICMJE DISCLOSURE FORM

Date: 2023/9/13
 Your Name: Yu-Xuan Li
 Manuscript Title: Implementation of awake prone positioning in patients with COVID-19: a single-center prospective observational study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 12th November 2023

Your Name: Roberto Piro

Manuscript Title: Implementation of awake prone positioning in patients with COVID-19: a single-center prospective observational study

Manuscript number (if known): _____

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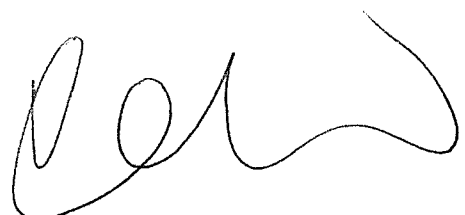
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ICMJE DISCLOSURE FORM

Date: 2023/9/13
 Your Name: Hong-Mei Qiao
 Manuscript Title: Implementation of awake prone positioning in patients with COVID-19: a single-center prospective observational study
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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:

None

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.

于桂香

ICMJE DISCLOSURE FORM

Date: 2023/9/13
 Your Name: Chun-Yan Su
 Manuscript Title: Implementation of awake prone positioning in patients with COVID-19: a single-center prospective observational study
 Manuscript number (if known): _____

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2023/9/13
 Your Name: Bao-Hua Li
 Manuscript Title: Implementation of awake prone positioning in patients with COVID-19: a single-center prospective observational study
 Manuscript number (if known): _____

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