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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Lu                        | Huang                  | 26-April-2020 |

4. Are you the corresponding author? ☑ No

5. Manuscript Title
   Progressive CT findings and positive RT-PCR again of recovered and discharged patients with COVID-19

6. Manuscript Identifying Number (if you know it)
   JTD-20-1417

## 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? ☑ No

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

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Dr. Huang has nothing to disclose.

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| He                        | Deng                   | 26-April-2020 |

4. Are you the corresponding author? □ Yes ☑ No

Corresponding Author's Name
Liming Xia, Xin Zhou

5. Manuscript Title
Progressive CT findings and positive RT-PCR again of recovered and discharged patients with COVID-19

6. Manuscript Identifying Number (if you know it)
JTD-20-1417

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Dr. Deng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Liming
2. Surname (Last Name)  Xia
3. Date  26-April-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)  
   Xin

2. Surname (Last Name)  
   Zhou

3. Date  
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