ICMJE DISCLOSURE FORM

Date: March 30, 2021

Your Name: Fang Huang

Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients

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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|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | 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.) | None                                                                              |
|   | **No time limit for this item.**                                                             |                                                                                  |
|   | Time frame: past 36 months                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                    | None                                                                              |
| 3 | Royalties or licenses                                                                       | None                                                                              |
| 4 | Consulting fees                                                                            | None                                                                              |
|   | Description                                                                 | Status |
|---|------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |
| 6 | Payment for expert testimony                                                  | None   |
| 7 | Support for attending meetings and/or travel                                  | None   |
| 8 | Patents planned, issued or pending                                            | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board              | None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
| 11| Stock or stock options                                                        | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
| 13| Other financial or non-financial interests                                    | None   |

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I have no conflicts of interest to declare.

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_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: ___March 30, 2021__________________________
Your Name: __Wenxia Ma__________________________
Manuscript Title: _Early risk factors for extrapulmonary organ injury in adult COVID-19 patients________________________________
Manuscript number (if known): ____________________________________________

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| 4 | Consulting fees                                                                                | None |


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ICMJE DISCLOSURE FORM

Date: March 30, 2021

Your Name: Hui Zheng

Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: March 30, 2021

Your Name: Yan Ye

Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients

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ICMJE DISCLOSURE FORM

Date: _______ March 30, 2021

Your Name: __Hui Chen__

Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients

Manuscript number (if known): __________________________________________________________

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ICMJE DISCLOSURE FORM

Date: March 30, 2021
Your Name: Nan Su
Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients
Manuscript number (if known):

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**ICMJE DISCLOSURE FORM**

**Date:** March 30, 2021

**Your Name:** Xiaoping Li

**Manuscript Title:** Early risk factors for extrapulmonary organ injury in adult COVID-19 patients

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| 3 | Royalties or licenses | __None |
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|   | Description                                                                 | None |
|---|-----------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
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| 8 | Patents planned, issued or pending                                         | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | None |
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Date: March 30, 2021
Your Name: Xinyue Li
Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients
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Date: March 30, 2021
Your Name: Yuyu Wang

Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients
Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: __ March 30, 2021 __________________________________________

Your Name: __ Jun Jin __________________________________________

Manuscript Title: __ Early risk factors for extrapulmonary organ injury in adult COVID-19 patients ________________________

Manuscript number (if known): __________________________________________

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Date: ___ March 30, 2021
Your Name: Zhengyuan Yu
Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients
Manuscript number (if known): ________________________________

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                        |   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |   |
| 11| Stock or stock options                                                                    |   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services         |   |
| 13| Other financial or non-financial interests                                                |   |

**Please summarize the above conflict of interest in the following box:**

I have no conflicts of interest to declare.

**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.
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Date: ___ March 30, 2021 _______________________________________________________________________________

Your Name: ___ Yongsheng Li _____________________________________________________________________________

Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients ____________________________

Manuscript number (if known): ________________________________________________________________

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|   |                                                                                                 |                                                                                  |
|   |                                                                                                 |                                                                                  |
|   |                                                                                                 |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | ___None                                                                           |
|   |                                                                                                 |                                                                                  |
| 3 | Royalties or licenses                                                                            | ___None                                                                           |
|   |                                                                                                 |                                                                                  |
|   |                                                                                                 |                                                                                  |
| 4 | Consulting fees                                                                                 | ___None                                                                           |
|   |                                                                                                 |                                                                                  |
|   |                                                                                                 |                                                                                  |

Time frame: past 36 months
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
| 6 | Payment for expert testimony                                             | None     |
| 7 | Support for attending meetings and/or travel                             | None     |
| 8 | Patents planned, issued or pending                                       | None     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         | None     |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None     |
| 11| Stock or stock options                                                   | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None     |
| 13| Other financial or non-financial interests                                | None     |

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Date: March 30, 2021
Your Name: Jun Wang
Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients
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|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | **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.) | ____None                                                                         |
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| 3 | Royalties or licenses                                                                       | ____None                                                                         |
| 4 | Consulting fees                                                                             | ____None                                                                         |
|   |   |   |
|---|---|---|
|5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
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