ICMJE DISCLOSURE FORM

Date: ___ 2021/7/28___

Your Name: ___ Qingqing Dai ________________________________

Manuscript Title: Comparison of severe and critical COVID-19 patients imported from Russia with and without influenza A infection in Heilongjiang Province: a retrospective 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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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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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.* | **None** |
|   |                                                                                     |   |
|---|------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript    | None |
|   | writing or educational events                                                      |   |
| 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,| None |
|   | paid or unpaid                                                                     |   |
|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 |

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

There is no conflict of interest

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: ___ 2021/7/28 ______________________________
Your Name: __ Ming Ye __________________________________________________________________________
Manuscript Title: Comparison of severe and critical COVID-19 patients imported from Russia with and without influenza A infection in Heilongjiang Province: a retrospective study __________________________
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** |
|---|---|--------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   |                          | None |
|---|--------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
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| 8 | Patents planned, issued or pending | None |
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ICMJE DISCLOSURE FORM

Date: ___ 2021/7/28
Your Name: ___ Zhiqiang Tang

Manuscript Title: Comparison of severe and critical COVID-19 patients imported from Russia with and without influenza A infection in Heilongjiang Province: a retrospective study
Manuscript number (if known): __________________________________________________________

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| 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                                                                                                      | Answer |
|---|-----------------------------------------------------------------------------------------------------------------|--------|
| 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   |
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| 11| Stock or stock options                                                                                           | None   |
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Date: __2021/7/28__

Your Name: ___Kaijiang Yu________________________

Manuscript Title: Comparison of severe and critical COVID-19 patients imported from Russia with and without influenza A infection in Heilongjiang Province: a retrospective study______________________________

Manuscript number (if known): ____________________________________________________________________________

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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. | ____None                                                                           |
| 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**                                                   |                                                                                  |
|   |                                                                                  |                                                                                  |
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| 11 | Stock or stock options | None |
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Date: ___2021/7/28___

Your Name: ___Yang Gao___

Manuscript Title: Comparison of severe and critical COVID-19 patients imported from Russia with and without influenza A infection in Heilongjiang Province: a retrospective study

Manuscript number (if known):

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|   |                                                                                                 |                                                                                  |
|   | **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                                                                          |
|   |   |   |
|---|---|---|
| 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 |
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| 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 |
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Date: ___ 2021/7/28 ___
Your Name: ___ Zhenyu Yang ___

Manuscript Title: Comparison of severe and critical COVID-19 patients imported from Russia with and without influenza A infection in Heilongjiang Province: a retrospective study
Manuscript number (if known): ________________________________

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**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                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          | None     |
|   | manuscript writing or educational events                                   |          |
| 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 | None     |
|   | group, paid or unpaid                                                      |          |
| 11| Stock or stock options                                                      | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | None     |
|   | services                                                                     |          |
| 13| Other financial or non-financial interests                                  | None     |

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Date: ___2021/7/28___

Your Name: Junbo Zheng

Manuscript Title: Comparison of severe and critical COVID-19 patients imported from Russia with and without influenza A infection in Heilongjiang Province: a retrospective study

Manuscript number (if known): __________________________________________________________________________

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Date: __2021/7/28__
Your Name: __Shu Zuo__

Manuscript Title: Comparison of severe and critical COVID-19 patients imported from Russia with and without influenza A infection in Heilongjiang Province: a retrospective study

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| 3 | Royalties or licenses                                                                       | ____None                                                                                 |
| 4 | Consulting fees                                                                            | ____None                                                                                 |
|   |                                           |        |
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| 6 | Payment for expert testimony              | None   |
| 7 | Support for attending meetings and/or travel | None   |
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| 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   |
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Date: ___ 2021/7/28 ____________________________
Your Name: ___ Yan Liu ____________________________
Manuscript Title: Comparison of severe and critical COVID-19 patients imported from Russia with and without influenza A infection in Heilongjiang Province: a retrospective study
Manuscript number (if known): ____________________________

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| **Time frame: past 36 months** |                                                                                   |                                                                                  |
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| 4 | Consulting fees                                                                                      | ____None                                                                         |
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| 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     |
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| 13| Other financial or non-financial interests                                  | None     |

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ICMJE DISCLOSURE FORM

Date: ___ 2021/7/28
Your Name: __ Fengjie Xie _________________________________
Manuscript Title: Comparison of severe and critical COVID-19 patients imported from Russia with and without influenza A infection in Heilongjiang Province: a retrospective study _________________________
Manuscript number (if known): ___________________________________________________________

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|   |                                                                                               |                                                                                   |
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|   |                                                                                               |                                                                                   |
| 3 | Royalties or licenses                                                                         | ___None                                                                            |
|   |                                                                                               |                                                                                   |
| 4 | Consulting fees                                                                              | ___None                                                                            |
|   |                                                                                               |                                                                                   |
### Table: Conflict of Interest

|   | Description                                                                 | None |
|---|-----------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony                                                | None |
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ICMJE DISCLOSURE FORM

Date:___2021/7/28__________________________________________________________
Your Name:___Qiuyuan Han______________________________________________________________________________________
Manuscript Title: Comparison of severe and critical COVID-19 patients imported from Russia with and without influenza A infection in Heilongjiang Province: a retrospective study__________________________
Manuscript number (if known):__________________________________________________________________________________

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Your Name: Hongliang Wang

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