ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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       |
|----------------------------|------------------------|---------------|
| Chao                       | Wang                   | 25-May-2020   |

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Minming Zhang

5. Manuscript Title
Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study

6. Manuscript Identifying Number (if you know it)
ATM-20-4004

## Section 2. The Work Under Consideration for Publication

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Peiyu

2. Surname (Last Name)  
   Huang

3. Date  
   25-May-2020

4. Are you the corresponding author?  
   Yes   No

   Corresponding Author’s Name  
   Minming Zhang

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lihua

2. Surname (Last Name)  
   Wang

3. Date  
   25-May-2020

4. Are you the corresponding author?  
   Yes  
   No  
   Corresponding Author’s Name  
   Minming Zhang

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  Zhujing
2. Surname (Last Name) Shen
3. Date 25-May-2020
4. Are you the corresponding author? [ ] Yes  [x] No
   Corresponding Author’s Name Minming Zhang
5. Manuscript Title
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   Bin
2. Surname (Last Name)  
   Lin
3. Date  
   25-May-2020
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   Minming Zhang

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Dr. Lin has nothing to disclose.

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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         |
|---------------------------|------------------------|----------------|
| Qiyuan                    | Wang                   | 25-May-2020    |

4. Are you the corresponding author?  
   - Yes  
   - [ ] No

Corresponding Author’s Name: Minming Zhang

5. Manuscript Title  
   Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study

6. Manuscript Identifying Number (if you know it)  
   ATM-20-4004

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   - Yes  
   - [ ] No

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   - [ ] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Wang has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Tongtong

2. **Surname (Last Name)**
   - Zhao

3. **Date**
   - 25-May-2020

4. **Are you the corresponding author?**
   - [ ] Yes  [✔] No

   - **Corresponding Author’s Name**
     - Minming Zhang

5. **Manuscript Title**
   - Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study

6. **Manuscript Identifying Number (if you know it)**
   - ATM-20-4004

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Zheng
Section 1. Identifying Information

1. Given Name (First Name)  
Hanpeng

2. Surname (Last Name)  
Zheng

3. Date  
25-May-2020

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

Corresponding Author’s Name  
Minming Zhang

5. Manuscript Title  
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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Wenbin
2. Surname (Last Name)  
   Ji
3. Date  
   25-May-2020
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author's Name  
   Minming Zhang

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   ATM-20-4004

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Section 1. Identifying Information

1. Given Name (First Name) 
Yuantong

2. Surname (Last Name) 
Gao

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25-May-2020

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☑ Yes  ☐ No

Corresponding Author’s Name
Minming Zhang

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Section 1. Identifying Information

1. Given Name (First Name)  
   Junli

2. Surname (Last Name)  
   Xia

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Xia has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jianmin

2. Surname (Last Name)  
   Cheng

3. Date  
   25-May-2020

4. Are you the corresponding author?  
   Yes [ ] No [X]

   Corresponding Author’s Name
   Minming Zhang

5. Manuscript Title  
   Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study

6. Manuscript Identifying Number (if you know it)  
   ATM-20-4004

---

**Section 2. The Work Under Consideration for Publication**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jianbing
2. Surname (Last Name)  Ma
3. Date  25-May-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Minming Zhang

5. Manuscript Title
Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jun

2. Surname (Last Name)  
   Liu

3. Date  
   25-May-2020

4. Are you the corresponding author?  
   [ ] Yes  [✓] No  
   Corresponding Author’s Name  
   Minming Zhang

5. Manuscript Title  
   Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study

6. Manuscript Identifying Number (if you know it)  
   ATM-20-4004

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) Yongqiang
2. Surname (Last Name) Liu
3. Date 25-May-2020
4. Are you the corresponding author? Yes No
5. Manuscript Title Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study
6. Manuscript Identifying Number (if you know it) ATM-20-4004

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Miaoguang
2. Surname (Last Name) 
Su
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Royalties: Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date       |
|---------------------------|------------------------|--------------|
| Guixiang                 | Ruan                   | 25-May-2020  |

4. Are you the corresponding author? [ ] Yes [ ] No

| Corresponding Author’s Name |
|-----------------------------|
| Minming Zhang               |

5. Manuscript Title
Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study

6. Manuscript Identifying Number (if you know it)
ATM-20-4004

## 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.)? [ ] Yes [ ] No

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest? [ ] Yes [ ] No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [ ] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ruan has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jiner
2. Surname (Last Name)  Shu
3. Date  25-May-2020
4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  Minming Zhang
5. Manuscript Title  Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study
6. Manuscript Identifying Number (if you know it)  ATM-20-4004

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Shu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Dawei

2. Surname (Last Name)  
Ren

3. Date  
25-May-2020

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

Corresponding Author’s Name  
Minming Zhang

5. Manuscript Title  
Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study

6. Manuscript Identifying Number (if you know it)  
ATM-20-4004

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No
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Dr. Ren has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Zhenhua

2. Surname (Last Name)  
Zhao

3. Date  
25-May-2020

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

5. Manuscript Title  
Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study

6. Manuscript Identifying Number (if you know it)  
ATM-20-4004

Section 2. The Work Under Consideration for Publication

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Dr. Zhao has nothing to disclose.

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1. Given Name (First Name)  
   Weigen

2. Surname (Last Name)  
   Yao

3. Date  
   25-May-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name
   Minming Zhang

5. Manuscript Title
   Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study

6. Manuscript Identifying Number (if you know it)
   ATM-20-4004

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Dr. Yao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yunjun
2. Surname (Last Name) Yang
3. Date 25-May-2020
4. Are you the corresponding author? □ Yes ✔ No
5. Manuscript Title Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study
6. Manuscript Identifying Number (if you know it) ATM-20-4004

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Are there any relevant conflicts of interest? □ Yes ✔ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? □ Yes ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes ✔ No
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Dr. Yang has nothing to disclose.

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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally (but not always) paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name) Bo
2. Surname (Last Name) Liu
3. Date 25-May-2020
4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author’s Name
Minming Zhang

5. Manuscript Title
Temporal changes of COVID-19 pneumonia by mass evaluation using CT: a retrospective multi-center study

6. Manuscript Identifying Number (if you know it)
ATM-20-4004

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Section 1. Identifying Information

1. Given Name (First Name)  Minming
2. Surname (Last Name)  Zhang
3. Date  25-May-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
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