ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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

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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 |
|---------------------------|------------------------|---------|
| Giulia                    | Stella                 | 15-October-2020 |

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

5. Manuscript Title
COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining

6. Manuscript Identifying Number (if you know it)
JTD-20-2934

## 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? [ ] Yes [ ] No

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Dr. Stella has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Davide |
|-----------------------------|--------|
| 2. Surname (Last Name)      | Piloni |
| 3. Date                     | 15-October-2020 |

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

5. Manuscript Title
   COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining

6. Manuscript Identifying Number (if you know it)
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Dr. Piloni has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Giulia
2. Surname (Last Name) Accordino
3. Date 15-October-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author's Name
   GM Stella
5. Manuscript Title
   COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining
6. Manuscript Identifying Number (if you know it)
   JTD-20-2934

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Dr. Accordino 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) Amelia
2. Surname (Last Name) Grosso
3. Date 15-October-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name GM Stella
5. Manuscript Title
   COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining
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Dr. Grosso has nothing to disclose.

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Identifying Information

1. Given Name (First Name)  
   Federica  

2. Surname (Last Name)  
   Albicini  

3. Date  
   15-October-2020  

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   ✔ No  
   Corresponding Author’s Name  
   GM Stella  

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Dr. Albicini has nothing to disclose.

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**Issued:** The patent has been issued by the agency

**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
Section 1. Identifying Information

1. Given Name (First Name)  
   Erica

2. Surname (Last Name)  
   Gini

3. Date  
   15-October-2020

4. Are you the corresponding author?  
   ☑ No
   Corresponding Author's Name  
   GM Stella

5. Manuscript Title  
   COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining

6. Manuscript Identifying Number (if you know it)  
   JTD-20-2934

Section 2. The Work Under Consideration for Publication

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   ☑ No

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Are there any relevant conflicts of interest?  
   ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☑ No
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Dr. Gini 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) Silvia
2. Surname (Last Name) Mancinelli
3. Date 15-October-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name GM Stella
5. Manuscript Title COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining
6. Manuscript Identifying Number (if you know it) JTD-20-2934

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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

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Dr. Mancinelli has nothing to disclose.

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**Section 1. Identifying Information**

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|-------------------------|---------|
| Matteo                     | Della Zoppa             | 15-October-2020 |

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

Corresponding Author’s Name: GM Stella

5. Manuscript Title
COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining

6. Manuscript Identifying Number (if you know it)
JTD-20-2934

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Andrea
2. Surname (Last Name)  Marchelli
3. Date  15-October-2020
4. Are you the corresponding author?  ☑ No
   Corresponding Author's Name  GM Stella
5. Manuscript Title  COVID-19 epidemic in a Respiratory Diseases Unit: predictor ranking and mining
6. Manuscript Identifying Number (if you know it)  JTD-20-2934

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Chandra

2. Surname (Last Name)  
   Bortolotto

3. Date  
   15-October-2020

4. Are you the corresponding author?  
   Yes  ☑ No

Corresponding Author's Name  
   GM Stella

5. Manuscript Title  
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Bortolotto
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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Angelo                    | Corsico                | 15-October-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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