ICMJE DISCLOSURE FORM

Date: May 14th, 2021
Your Name: Pingping Ren
Manuscript Title: Analysis of the dynamic relationship between immune profiles and the clinical features of patients with COVID-19
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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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) |
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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None                                                                           |
|   | **No time limit for this item.**                                                                 |                                                                                  |

**Time frame: Since the initial planning of the work**

|   |                                                                 | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|----------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None                                                                           |
| 3 | Royalties or licenses                                           | __X__ None                                                                           |
| 4 | Consulting fees                                                 | __X__ None                                                                           |

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

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None.

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:** May 14th, 2021  
**Your Name:** Chaohong Zhu  
**Manuscript Title:** Analysis of the dynamic relationship between immune profiles and the clinical features of patients with COVID-19  
**Manuscript number (if known):**

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|   |                                                                                 |                                                                                  |
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|   |                                                                                 |                                                                                  |
| 3 | Royalties or licenses                                                           | ___X__ None                                                                      |
|   |                                                                                 |                                                                                  |
| 4 | Consulting fees                                                                 | ___X__ None                                                                      |
|   | Conflict of Interest                                                                 | Answer |
|---|-------------------------------------------------------------------------------------|--------|
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| 11| Stock or stock options                                                              | _X_ None |
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ICMJE DISCLOSURE FORM

Date: May 14th, 2021
Your Name: Yongchun He
Manuscript Title: Analysis of the dynamic relationship between immune profiles and the clinical features of patients with COVID-19
Manuscript number (if known):

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Date: May 14th, 2021
Your Name: Hong Jiang
Manuscript Title: Analysis of the dynamic relationship between immune profiles and the clinical features of patients with COVID-19
Manuscript number (if known):

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| 10 | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | **X** None |
| 11 | **Stock or stock options** | **X** None |
| 12 | **Receipt of equipment, materials, drugs, medical writing, gifts or other services** | **X** None |
| 13 | **Other financial or non-financial interests** | **X** None |

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Date: May 14th, 2021
Your Name: Jianghua Chen
Manuscript Title: Analysis of the dynamic relationship between immune profiles and the clinical features of patients with COVID-19
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|   | | |
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| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers’ bureaus,       | _X_ None |
|   | manuscript writing or educational events                                    |        |
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|   | group, paid or unpaid                                                       |        |
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| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | _X_ None |
|   | services                                                                     |        |
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