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Supplementary Methods

Inclusion and exclusion criteria

Inclusion criteria were recent confirmed diagnosis of SARS-CoV-2 RNA via a polymerase chain reaction (PCR) assay (having been discharged 7 or more days from hospital, where hospital admission was required), a positive SARS-CoV-2 antibody test or clinically suspected COVID-19 by at least two qualified clinicians. Exclusion criteria were contraindications to MRI (e.g. pacemakers, defibrillators, metallic implanted devices, claustrophobia) and any of: active respiratory infection symptoms (temperature $>37.8^{\circ}$ C or ≥ 3 coughing episodes in 24 hours); hospital discharge in last 7 days; asymptomatic for ≥ 4 months prior to enrolment, or hospital discharge ≥ 4 months prior to enrolment (to harmonise time post-infection across the study).

SARS-CoV-2 Diagnosis

Prior SARS-CoV-2 infection was defined based on a laboratory-confirmed tests (positive oro-nasopharyngeal SARS-CoV-2 swab test by reverse-transcriptase-polymerase-chain reaction, **n=151**, or antibody test, **n=145**). Furthermore, strong clinical suspicion of infection (typical symptoms and COVID-19 diagnosis by two independent clinicians) was included as criterion (**n=240**), as testing was not widely available to non-hospitalized patients at the time of study recruitment. In n=18 patients, clinical diagnosis was performed only by one clinician (clinical equipoise).

Study recruitment

Participants were informed about the study via promotional material, disseminated via health authority centers, patient online forums and websites. The study website (coverscan.com) was advertised by Perspectum or by iWGC (an independent platform and service provider for patient experience data collection and analysis) via online posting (social media, website banners) to the general public and by global invitation emails to existing networks of patients consented to hear of new research.

Participants interested in the study registered their interest by responding to a link located on the study's webpage. The majority of participants heard of the study from social media (350/536) or by word of mouth (122/536), while few responded to advertising (42/536) or came from hospital referrals (16/536). All self-referred participants underwent systematic screening for eligibility before enrolment into the study, conducted by trained clinical research personnel using a standardized questionnaire. Participation was voluntary (no remuneration other than small contribution to travel costs).

Symptom collection and classification

Self-reported symptoms for recruited participants in the study were collected through several means: 1) through responses to validated questionnaires (EQ-5D-5L/Dyspnoea-12) and 2) as part of medical history collection. From medical history 15 common, self-reported symptoms were identified: history of fever, cough, sore throat, runny nose, wheezing, chest pain, myalgia, joint pain, fatigue or malaise, shortness of breath, inability to walk, headaches, seizures, abdominal pain, diarrhoea. HRQoL was assessed by validated EQ-5D-5L (EuroQOL), comprising: (1) five health dimensions (mobility, self-care, usual activities, pain and discomfort, and anxiety and depression) each at five severity levels (none, slight, moderate, severe, and extreme); (2) self-rated health using visual analogue scale (VAS) from 0 (worst imaginable) to 100 (best imaginable); (3) derived EQ-5D 'utility' or index score from 0 ('dead') to 1 ('full health').

The most common symptoms were classified according to published subgroups⁹: systemic (fever, myalgia, joint pain, fatigue/malaise, headaches), cardiopulmonary (wheezing, chest pain, shortness of breath), cognitive dysfunction (poor memory, cognition and concentration), poor HRQoL (EQ-5D utility score<0.7) and a subset of the cardiopulmonary subgroup for severe breathlessness (dyspnoea-12 total score≥10). Participants who only reported more unusual, less common, symptoms (such as sensitivity to light, hallucinations, rib pain), which did not clearly fit into these categories, were defined as having "less common symptoms only").

Imaging Acquisitions

- Cardiac MR imaging involved complete coverage of the heart with a short-axis stack (from the apex to the valve plane) of cine images acquired using cardiac gating, each acquired within a short breath-hold. This acquisition mirrors the one used at the UK Biobank and is a standardized approach [1]. Three short-axis and two long axis cine (HLA and VLA) cardiac T1 maps were also acquired using the MOLLI-T1 approach at the basal, mid, and apical levels of the left ventricle. Three short-axis and two long axis cine (HLA and VLA) at the basal, mid, and apical levels. For cardiac T2 maps, acquired using the fast low angle shot (FLASH) in 3T, at 1.5T scanner, TrueFISP was used (a Siemens version of balanced SSFP).
- Liver and pancreas imaging used the LiverMultiScan acquisition protocol (Perspectum, Oxford, UK), which involves 3 single 2D axial slice breath-held acquisitions that separately are sensitive to the fat content (proton density fat fraction [PDFF]), to T2* (which can yield liver iron content) and a MOLLI-T1 measurement (providing a measurement of tissue water). Additionally, a volumetric scan was used that covers the entire liver [2].
- Lungs: Two single slice dynamic cine MR acquisitions were acquired in the coronal plane with a 307ms temporal resolution: one 40 s acquisition with the patient instructed to breathe normally and a second 30 s acquisition with the patient instructed to breathe deeply.
- Kidney: a single coronal view was used to image both kidneys. Imaging contrasts were MOLLI-T1, and a spoiled gradient recalled acquisition (spGR).
- Spleen: Volumetric spGR MRI images

Image Analysis

- Cardiac: Experienced cardiac MRI analysts used CVI42v5.11 (Cardiovascular Imaging Inc, Canada) to trace manually the myocardium in the end-diastolic and end-systolic phases in each of the short-axis views, following the standard UK Biobank evaluation approach as previously described [3]. We reported ventricular function; end systolic and diastolic volume; stroke volume and ejection fraction in both ventricles; left ventricular muscle mass and ventricular max wall thickness and global longitudinal and circumferential 3D strain metrics. Cardiac T1 and T2 measurements were determined as the mean of each of the 16 cardiac segments (of the AHA 17 segment model excluding the apex) [4]. When artefacts were present those measurements were not included in the results.
- Liver Images were analysed by data analysts experienced at using the LiverMultiScan (Perspectum, Oxford, UK) software. This yielded global metrics in each liver of PDFF (proton density fat fraction), T2*, and cT1 (cT1 is a measurement of T1 that has been corrected for the confounding effects of iron and standardised to 3 Tesla; it is elevated with disease).
- Pancreas images were analysed in an equivalent manner to the above except the software used was not FDA-cleared and iron correction was not performed [5]. The T1 was standardized to 3 Tesla.
- Lung: Patient respiration was assessed by imaging a single 2D coronal slice of the lungs using a 30 second dynamic cine MRI acquisition (with a time resolution of 307ms), during which the patient was instructed to breathe deeply. In-house developed automated segmentation methods were used to segment the lungs and measure their areas in each time frame. Segmentations were reviewed and corrected by trained analysts. From these area vs time measurements, the lung area at maximum inspiration and expiration was measured, as well as a fractional area change (max area min area)/max area.
- Kidney: assessed using in-house tools to fit parametric maps and to allow trained analysts to make measurements. The kidney cortex was manually segmented using the MOLLI-T1 map to guide the boundary. Multiple regions-of-interests were manually placed within the cortex to extract a median value of cortical T1 in each kidney. Volumetric delineations of the kidneys were derived from SPGR MRI images. Automated delineations were produced using a 3D convolutional neural network, trained on expert annotations. Delineations were manually checked, and corrected, if necessary, for each subject.
- Spleen: Volumetric delineations were derived from SPGR MRI images. Automated delineations were produced using a 3D convolutional neural network, trained on expert annotations. Delineations were manually checked, and corrected, if necessary, for each subject.

Technical failures were considered to be those acquisitions which did not produce images of sufficient quality as to derive metrics reported herein. For cardiac T1 and T2, this was based on derivation of global values for 3 segments.

Reference Ranges

All MRI metric reference ranges, but organ volumes, were calculated with n=92 Healthy Controls (HC) scanned at 1.5T and 3T based on the 2.5% (lower threshold) and 97.5% percentiles (upper threshold), using bootstrapping (100,000 permutations). Organ volumes were calculated from a combined cohort of 92 healthy controls and 1744 BMI-matched participants from the UK Biobank[6], representing all sex and height subgroups, as these are known confounders of organ size [7].

Analysis

Organ Impairment

Organ impairment was calculated for each organ based on evidence of any of the measurement appearing out of reference range (*Liver:* elevated cT1 or Fat; *Kidney:* elevated T1; *Pancreas:* elevated srT1 or Fat; *Heart:* elevated T1 in 3 or more segments, decreased RV or LV EF or increased LV or RV EDV or increased LV global longitudinal strain; *Spleen:* elevated volume; *Lung:* reduced fractional area volume). Thus, depending on the metric the upper or lower threshold was considered. For cardiac T1, elevation in at least 3 AHA segments defined elevated T1. Single organ impairment was based on at least 1 organ impaired and multi-organ impairment was based on 2 organ impairments. Elevations in liver or kidney volume were excluded from definitions of organ impairment, as these were considered anatomical findings subject to diurnal variation²⁰ but not necessarily hallmarks of impairment and specific histological features of disease¹¹. Since pre-COVID data were unavailable, organ impairment may pre-date COVID-19. A sensitivity analysis was conducted, excluding those with metabolic syndrome risk factors on study entry, in whom organ impairment is more likely to have pre-existed before first symptoms of COVID-19 (including BMI ≥30 kg/m2, hypertension and diabetes).

Associations of Symptoms and Biomarkers

For multivariable regression, the outcomes of interest included separately the most common symptom groups systemic (reporting: fever, myalgia, joint pain, fatigue/malaise, headaches), cardiopulmonary (wheezing, chest pain, shortness of breath), severe breathlessness (dyspnoea-12 total score >=10), cognitive dysfunction (reporting any problems with memory, cognition and concentration), and poor HRQoL (EQ-5D utility score <0.7).

The regressors included i) demographic characteristics (age, sex, and BMI); ii) elevation in T1 metrics, steatosis or organ volume defined as a binary variable (liver cT1, PDFF and volume; pancreas srT1 and PDFF; kidney cortex T1 and volume, spleen volume, lung FAC, heart injury); iii) blood investigations outside of normal range in 15% of participants or significantly different between visits (cholesterol, HDL cholesterol, lactate dehydrogenase [LDH], mean corpuscular haemoglobin concentration [MCHC], potassium, low transferrin saturation, creatine kinase, basophils, low total iron binding capacity [TIBC], C-peptide) defined as binary variables. All continuous variables (BMI and age) were z-scored before entering the statistical models. Only observations with no missing data were included in the models.

For each outcome, first the effect of organ impairment was assessed in a multi-variable stepwise regression model, including regressors for demographics and all MRI organ metrics. Second, the effect of blood markers was assessed in a separate multi-variable stepwise regression model including demographic factors. Third, we performed a final multi-variable stepwise regression including regressors for demographic characteristics and both the MRI and blood metrics combined. Standardized odd ratios (OR) with 95% confidence intervals from this regression were presented in forest plots.

Table S1a: Demographics at baseline for those recovering from COVID-19 (whole cohort) vs the controls used to derive reference ranges (median [IQR] or count [%]).

	Long COVID n=536	control group 1, n=92	p-value*	control group 2, n=1835	p-value**
Sex (n female)	389 (73%)	61 (66%)	0.3	1024 (56%)	<0.001
Age	44 (38, 52)	44 (32, 53)	0.5	56 (49, 61)	<0.001
BMI	26 (23, 29)	23 (21, 25)	<0.001	25 (23, 28) (missing: n=3)	0.2
Ethnicity			0.093		< 0.001
White	477 (89%)	85 (92%)		1794 (98%)	
Black	13 (2%)	0 (0%)		5 (0%)	
Chinese	2 (0%)	2 (2%)		7 (0%)	
South Asian	22 (4%)	16 (1%)		13 (1%)	
Other	22 (4%)	1 (1%)		16 (1%)	
Smoking status				(missing: n=3)	0.021
Current smoker	14 (3%)	3 (3%)	0.7	101 (6%)	
Past smoker	172 (32%)	17 (18%)	0.012	591 (32%)	
Hypertension	44 (8%)	0 (0%)	0.009	0 (0%)	< 0.001
Diabetic	10 (2%)	0 (0%)	0.4	0 (0%)	<0.001
Heart disease	9 (2%)	0 (0%)	0.21	65 (4%) (missing: n=346)	0.014
Asthma	101 (19%)	0 (0%)	<0.001	318 (23%) (missing: n=435)	<0.001

^{*}p-value of comparisons between long COVID patients and controls for reference ranges for all metrics but organ volumes (control group 1, n=92). **p-value of comparisons between long COVID participants and a larger pool of healthy controls for organ volumes (control group 2, n=1836).

 $\label{thm:continuous} \textbf{Table S1b: Reference ranges for MRI metrics.}$

	Sex	Field Strength	Height (cm)	Lower threshold	Upper threshold (*)
		IAC METRIC			
Field strength indepe		rics (body-sur	face area [BSA]	corrected)	100
Left end diastolic volume (ml)	F	-	-	-	108
Left end diastolic volume (ml)	M	-	-	-	132
Right end diastolic volume (ml)	F	-	-	-	110
Right end diastolic volume (ml)	M hindenend	- lant matrice (n	-	-	139
Global longitudinal strain 3D (%)	F F	ient metrics (n	ot BSA correcte	(d)	-11.45
Global longitudinal strain 3D (%)	M	-	-		-7.75
Left ventricle ejection fraction (%)	F		-	52	-1.13
Left ventricle ejection fraction (%)	M		-	51	
Right ventricle ejection fraction (%)	F	_	_	50	
Right ventricle ejection fraction (%)	M	_	_	50	
		th dependent		30	
Global T1 ref range (ms) (#)	F	1.5T	-	_	1042
Global T1 ref range (ms) (#)	M	1.5T	_	_	997
Global T2 ref range (ms) (#)	-	1.5T	_	_	51
Global T1 ref range (ms) (#)	F	3T	_	_	1255
Global T1 ref range (ms) (#)	M	3T	_	_	1214
Global T2 ref range (ms) (#)	-	3T	_	_	46
	LIVE	ER METRICS			
Fi		h independent			
cT1 (ms)	_	-	-	-	800 (*)
PDFF (%)	-	-	-	-	5 (*)
Volume (ml)	F	-	< 164	-	1778
Volume (ml)	M	-	< 164	-	2003
Volume (ml)	F	_	≥ 164	_	2048
volume (iii)	•		< 250		2010
Volume (ml)	M	-	≥ 164 < 250	-	2284
	KIDN	EY METRIC	S		
F	ield strengtl	h independent	metrics		
Left volume (ml)	F	-	< 164	-	177
Left volume (ml)	M	-	< 164	-	221
Left volume (ml)	F	-	≥ 164	-	192
. ,			< 250		
Left volume (ml)	M	-	≥ 164 < 250	-	255
Right volume (ml)	F	_	< 164	_	176
Right volume (ml)	M	_	< 164	_	207
Right volume (ml)	F	-	≥ 164	-	186
Right volume (ml)	M		< 250 ≥ 164		229
		- 41. 4 4 4	< 250	-	
	rield streng	th dependent			1174
Left or Right Cortical T1 (ms) (§)	-	1.5T	-	-	1154
Left or Right Cortical T1 (ms) (§)	DANCE	SEAS METDI	- CC	-	1512
173		REAS METRI			
	iciu suengti	n independent			001
srT1 (ms)	-	-	-	-	821
PDFF (%)	SDI E	- EN METRIC	<u>- </u>	-	6.6 (*)
T.		h independent			
Volume (ml)	F	i macpenaem	< 164	_	255
v Olulic (IIII)	Г	-	< 104	-	233

	Sex	Field Strength	Height (cm)	Lower threshold	Upper threshold (*)	
Volume (ml)	M	-	< 164	-	392	
Volume (ml)	F	-	≥ 164 < 250	-	293	
Volume (ml)	М	-	≥ 164 < 250	-	411	
	LUì	NG METRICS				
Field strength independent metrics						
Total deep fractional area change (%)	-	-	-	22.0	-	

^(*) Reference ranges for the liver cT1 and liver PDFF were established from literature [8]. For pancreas PDFF, which has a positive skew in the distribution, reference ranges were extracted with the 95% percentile. (§) Right and left kidney cortex T1 limits were averaged for threshold setting. (#) Cardiac T1 and cardiac T2 were measured for each of 16 AHA segments but thresholds are reported for the global average.

Table S2: Differences in organ impairment and symptoms by COVID-19 diagnosis method for the whole cohort at baseline. P-values represent results from an independent two-sample t-test (or non-parametric equivalent), Fisher's exact test for dichotomous variables and for categories.

		Whole cohort	
Characteristic	Clinically diagnosed COVID-19 (n=240)	COVID-19 positive test result (n=296)	P Value
Age (years)	44 (9)	45 (11)	0.074
Sex (n females)	184 (77%)	205 (69%)	0.064
BMI (kg/m²)	25 (22, 28)	26 (23, 30)	0.003
Ethnicity		, , ,	0.085
White	221 (92%)	256 (86%)	
Mixed	10 (4%)	11 (4%)	
South Asian	6 (2%)	18 (6%)	
Black	3 (1%)	10 (3%)	
Healthcare worker	46 (19%)	126 (43%)	<0.001
At least one COVID-19 vaccination	3 (1%)	7 (2%)	0.524
Comorbidities and risks			
Smoking			0.441
Never	149 (62%)	200 (68%)	
Current	7 (3%)	7 (2%)	
Ex-smoker	83 (35%)	89 (30%)	
BMI	63 (3370)	05 (3070)	
\geq 25 kg/m ²	109 (45%)	184 (62%)	< 0.001
$\geq 30 \text{ kg/m}^2$	44 (18%)	76 (26%)	0.048
Hypertension	19 (8%)	25 (8%)	0.875
Diabetes	4 (2%)	6 (2%)	>0.999
Heart disease	5 (2%)	4 (1%)	0.523
Asthma	49 (20%)	52 (18%)	0.437
Hospitalised during acute COVID-19	25 (10%)	47 (16%)	0.075
Time off work (days)	180 (150, 300)	30 (12, 120)	< 0.001
15 common symptoms	(= = , = = =)	() -/	
Number reported [median (IQR)]	10 (9, 12)	9 (8, 11)	<0.001
None reported in history	0 (0%)	0 (0%)	No Change
None reported in history/ questionnaires	0 (0%)	0 (0%)	No Change
Symptom groups			
Systemic	120 (50%)	125 (42%)	0.081
Cardiopulmonary	130 (54%)	108 (36%)	<0.001
Severe breathlessness (Dyspnoea 12 ≥10)	104 (45%)	83 (29%)	<0.001
Cognitive dysfunction	135 (56%)	133 (45%)	0.012
Poor HRQoL	156 (67%)	125 (44%)	<0.001
Less common symptoms only	15 (6%)	51 (18%)	<0.001
Duration (days: median, [IQR])			
Initial symptoms-to- assessment	195 (162, 227)	160 (106, 215)	<0.001

	Whole cohort							
Characteristic	Clinically diagnosed COVID-19 (n=240)	COVID-19 positive test result (n=296)	P Value					
COVID-19 positive-to- assessment	134 (60, 187)	97 (53, 153)	0.002					
Organ Impairment								
Liver	53 (23%)	98 (34%)	0.007					
Heart	43 (18%)	59 (20%)	0.580					
Kidney	38 (16%)	41 (14%)	0.624					
Pancreas	41 (18%)	59 (21%)	0.432					
Lungs	6 (3%)	6 (2%)	0.776					
Spleen	21 (9%)	22 (7%)	0.633					
≥1 organ	132 (55%)	182 (61%)	0.135					
≥2 organs	48 (20%)	74 (25%)	0.179					

Table S3: Baseline characteristics of individuals with organ impairment identified at baseline, eligible for follow-up vs those without impairment, who were only invited for the baseline visit.

P-values represent results from an independent two-sample t-test (or non-parametric equivalent),

Fisher's exact test for dichotomous variables and for categories

	Baseline							
Characteristic	Whole cohort (n=536)	Eligible for baseline visit only (n=205)	Eligible for and completed both visits (n=331)	P Value (baseline only vs completed both visits)				
Age (years)	45 (11)	42 (10)	46 (11)	<0.001				
Sex (n females)	389 (73%)	148 (72%)	241 (73%)	0.92				
BMI (kg/m ²)	25 (23, 29)	24 (22, 27)	26 (23, 31)	< 0.001				
Ethnicity	- (- , - ,	() ')	- (-) - /	0.57				
White	477 (89%)	182 (89%)	295 (89%)					
Mixed	21 (4%)	9 (4%)	12 (4%)					
South Asian	24 (4%)	7 (3%)	17 (5%)					
Black	13 (2%)	7 (3%)	6 (2%)					
Healthcare worker	172 (32%)	60 (29%)	112 (34%)	0.30				
At least one COVID-19 vaccination	10 (2%)	5 (2%)	5 (2%)	0.52				
Comorbidities and risks	, ,	· /	` /					
Smoking				0.63				
Never	349 (65%)	131 (64%)	218 (66%)					
Current	14 (3%)	7 (3%)	7 (2%)					
Ex-smoker	172 (32%)	66 (32%)	106 (32%)					
BMI	` ,	` '	. ,					
≥25 kg/m ²	293 (55%)	93 (45%)	200 (60%)	< 0.001				
$\geq 30 \text{ kg/m}^2$	120 (22%)	29 (14%)	91 (27%)	< 0.001				
Hypertension	44 (8%)	11 (5%)	33 (10%)	0.07				
Diabetes	10 (2%)	3 (1%)	7 (2%)	0.75				
Heart disease	9 (2%)	5 (2%)	4 (1%)	0.31				
Asthma	101 (19%)	39 (19%)	62 (19%)	>0.999				
Hospitalised during acute COVID-19	72 (13%)	15 (7%)	57 (17%)	0.001				
Time off work (days)	56 (14, 180)	41 (13, 192)	58 (14, 150)	0.79				
15 common symptoms								
Number reported [median (IQR)]	10 (8, 11)	10 (8, 12)	10 (8, 11)	0.50				
None reported in history	0 (0%)	0 (0%)	0 (0%)					
None reported in history/ questionnaires	0 (0%)	0 (0%)	0 (0%)					
Symptom groups								
Systemic	245 (46%)	86 (42%)	159 (48%)	0.18				
Cardiopulmonary	238 (44%)	95 (46%)	143 (43%)	0.53				
Severe breathlessness (Dyspnoea 12 ≥10)	187 (36%)	67 (34%)	120 (38%)	0.40				
Cognitive dysfunction	268 (50%)	108 (53%)	160 (48%)	0.37				
Poor HRQoL	281 (55%)	100 (51%)	181 (57%)	0.20				
None of five symptom groups	66 (13%)	29 (15%)	37 (12%)	0.34				
Duration (days: median, [IQR])	102 (122	101 /141		0.004				
Initial symptoms-to-assessment	182 (132, 222)	191 (141, 230)	170 (126, 208)	0.004				
COVID-19 positive-to-assessment	110 (53, 175)	115 (54, 178)	110 (56, 172)	0.422				

Table S4: Characteristics for individuals with long COVID (whole cohort) at baseline, comparing those with common symptoms (systemic, cardiopulmonary, severe breathlessness, cognitive dysfunction, poor health related quality of life) and those with less common symptoms. P-value was for comparison between participants in a symptom group vs those with only less common symptoms. P-values represent results from an independent two-sample t-test (or non-parametric equivalent), Fisher's exact test for dichotomous variables and for categories.

Less common

	Less common										
	symptoms only	Systemic Sym		Cardiopulmonary		Severe Breathlessn		Cognitive Dysfunction		Poor HRQoL	
	n=66	n=245	p-value	n=238	p-value	n=187	p-value	n=268	p-value	n=281	p-value
Demographic characteristics											
Age	45 (38, 51)	44 (37, 52)	0.948	43 (38, 51)	0.557	43 (37, 50)	0.285	44 (38, 52)	0.792	43 (38, 51)	0.613
Female sex	37/66 (56%)	192/245 (78%)	< 0.001	178/238 (75%)	0.006	143/187 (76%)	0.003	201/268 (75%)	0.004	224/281 (80%)	< 0.001
BMI (kg/m ²)	25 (22, 27)	26 (23, 31)	0.007	26 (23, 30)	0.015	26 (23, 30)	0.017	25 (23, 30)	0.072	25 (23, 30)	0.082
Ethnicity											
White	53/66 (80%)	218/245 (89%)	0.095	215/238 (90%)	0.032	169/187 (90%)	0.047	242/268 (90%)	0.032	254/281 (90%)	0.031
Mixed	0/66 (0%)	3/245 (1.2%)	>0.999	3/238 (1.3%)	>0.999	4/187 (2.1%)	0.575	3/268 (1.1%)	>0.999	5/281 (1.8%)	0.588
South Asian	7/66 (11%)	10/245 (4.1%)	0.061	6/238 (2.5%)	0.01	2/187 (1.1%)	0.001	9/268 (3.4%)	0.022	4/281 (1.4%)	0.001
Black	3/66 (4.5%)	3/245 (1.2%)	0.112	3/238 (1.3%)	0.119	3/187 (1.6%)	0.185	4/268 (1.5%)	0.142	5/281 (1.8%)	0.18
Health care worker	17/66 (26%)	87/245 (36%)	0.145	71/238 (30%)	0.544	56/187 (30%)	0.636	87/268 (32%)	0.373	87/281 (31%)	0.457
Comorbidities and risks		0.1.2.10 (0.0.10)		, ,,, (, , , , , , ,		20, 20, (20,2)		277222 (2272)		2.7.202 (0.2.70)	
No smoker	46/66 (70%)	152/244 (62%)	0.313	143/237 (60%)	0.196	104/187 (56%)	0.058	172/268 (64%)	0.471	175/280 (62%)	0.32
Current smoker	1/66 (1.5%)	7/244 (2.9%)	>0.999	7/237 (3.0%)	>0.999	7/187 (3.7%)	0.684	8/268 (3.0%)	>0.999	8/280 (2.9%)	>0.999
Past smoker	19/66 (29%)	85/244 (35%)	0.382	87/237 (37%)	0.247	76/187 (41%)	0.104	88/268 (33%)	0.559	97/280 (35%)	0.389
BMI >25 kg/m ²	34/66 (52%)	141/245 (58%)	0.404	136/238 (57%)	0.484	104/187 (56%)	0.569	141/268 (53%)	0.891	148/281 (53%)	0.892
BMI $> 23 \text{ kg/m}^2$	7/66 (11%)	70/245 (29%)	0.002	59/238 (25%)	0.012	53/187 (28%)	0.004	66/268 (25%)	0.013	76/281 (27%)	0.004
Hypertension	4/66 (6.1%)	21/245 (8.6%)	0.617	21/238 (8.8%)	0.616	19/187 (10%)	0.456	24/268 (9.0%)	0.621	27/281 (9.6%)	0.475
Diabetes	1/66 (1.5%)	8/245 (3.3%)	0.69	5/238 (2.1%)	>0.010	2/187 (1.1%)	>0.430	2/268 (0.7%)	0.485	3/281 (1.1%)	0.473
	, ,	, ,	>0.09	2/238 (0.8%)	0.521	` ,	>0.999	` ,	0.483	, ,	>0.572
Heart disease	1/66 (1.5%)	6/245 (2.4%)				5/187 (2.7%)		3/268 (1.1%)		6/281 (2.1%)	
Asthma	8/66 (12%)	45/245 (18%)	0.272	59/238 (25%)	0.029	45/187 (24%)	0.052	52/268 (19%)	0.211	57/281 (20%)	0.16
Hospitalized during acute COVID-19	11/66 (17%)	41/245 (17%)	>0.999	37/238 (16%)	0.849	20/187 (11%)	0.274	31/268 (12%)	0.299	37/281 (13%)	0.434
Common symptoms	22/52 /520/	245/245 (1000)	0.004	150/220 (550/)	0.004	1.42/105/550/	0.004	100/250 (710)	0.00	210/201 (75%)	0.004
Fever	33/63 (52%)	245/245 (100%)	< 0.001	179/238 (75%)	<0.001	142/187 (76%)	< 0.001	189/268 (71%)	0.007	210/281 (75%)	<0.001
Cough	43/63 (68%)	199/245 (81%)	0.038	194/238 (82%)	0.036	143/187 (76%)	0.242	212/268 (79%)	0.069	217/281 (77%)	0.146
Sore Throat	37/63 (59%)	191/245 (78%)	0.003	190/238 (80%)	< 0.001	144/187 (77%)	0.009	201/268 (75%)	0.013	220/281 (78%)	0.002
Runny Nose	21/63 (33%)	84/245 (34%)	>0.999	97/238 (41%)	0.312	74/187 (40%)	0.453	102/268 (38%)	0.563	101/281 (36%)	0.771
Wheezing	10/63 (16%)	137/245 (56%)	< 0.001	238/238 (100%)	<0.001	126/187 (67%)	< 0.001	150/268 (56%)	< 0.001	156/281 (56%)	< 0.001
Chest Pain	34/63 (54%)	214/245 (87%)	< 0.001	238/238 (100%)	< 0.001	172/187 (92%)	< 0.001	239/268 (89%)	< 0.001	251/281 (89%)	< 0.001
Myalgia	49/63 (78%)	245/245 (100%)	< 0.001	216/238 (91%)	0.008	171/187 (91%)	0.007	242/268 (90%)	0.01	256/281 (91%)	0.007
Joint Pain	30/63 (48%)	245/245 (100%)	< 0.001	189/238 (79%)	< 0.001	146/187 (78%)	< 0.001	207/268 (77%)	< 0.001	221/281 (79%)	< 0.001
Fatigue	59/63 (94%)	245/245 (100%)	0.002	237/238 (100%)	0.007	184/187 (98%)	0.07	267/268 (100%)	0.005	276/281 (98%)	0.062
Shortness of Breath	39/63 (62%)	232/245 (95%)	< 0.001	238/238 (100%)	< 0.001	185/187 (99%)	< 0.001	250/268 (93%)	< 0.001	265/281 (94%)	< 0.001
Inability to walk	9/63 (14%)	102/245 (42%)	< 0.001	95/238 (40%)	< 0.001	79/187 (42%)	< 0.001	90/268 (34%)	0.002	110/281 (39%)	< 0.001
Headaches	37/63 (59%)	245/245 (100%)	< 0.001	211/238 (89%)	< 0.001	160/187 (86%)	< 0.001	239/268 (89%)	< 0.001	252/281 (90%)	< 0.001
Seizures	0/63 (0%)	4/245 (1.6%)	0.585	1/238 (0.4%)	>0.999	2/187 (1.1%)	>0.999	3/268 (1.1%)	>0.999	4/281 (1.4%)	>0.999
Abdominal pain	21/63 (33%)	157/245 (64%)	< 0.001	154/238 (65%)	< 0.001	121/187 (65%)	< 0.001	157/268 (59%)	< 0.001	180/281 (64%)	< 0.001
Diarrhoea	29/63 (46%)	152/245 (62%)	0.031	148/238 (62%)	0.022	112/187 (60%)	0.058	156/268 (58%)	0.091	179/281 (64%)	0.011
Number of common symptoms	7 (6, 9)	11 (10, 12)	< 0.001	11 (10, 12)	< 0.001	11 (9, 12)	< 0.001	10 (9, 12)	< 0.001	11 (9, 12)	< 0.001
MRI abnormality											
Liver (cT1 or fat high)	13/65 (20%)	80/240 (33%)	0.048	69/237 (29%)	0.159	64/186 (34%)	0.042	77/264 (29%)	0.163	85/278 (31%)	0.096
Liver cT1 (high)	8/64 (12%)	30/238 (13%)	>0.999	25/236 (11%)	0.655	21/185 (11%)	0.822	30/263 (11%)	0.828	36/277 (13%)	>0.999
Liver fat (high)	10/66 (15%)	70/245 (29%)	0.027	60/238 (25%)	0.099	58/187 (31%)	0.015	67/267 (25%)	0.103	72/281 (26%)	0.078
Liver volume (high)	5/66 (7.6%)	19/244 (7.8%)	>0.999	16/237 (6.8%)	0.787	19/187 (10%)	0.632	18/267 (6.7%)	0.788	24/280 (8.6%)	>0.999
Pancreas (srT1 or fat high)	12/63 (19%)	51/230 (22%)	0.729	43/224 (19%)	>0.999	41/177 (23%)	0.597	47/252 (19%)	>0.999	53/264 (20%)	>0.999
Pancreas cT1 (high)	6/63 (9.5%)	25/229 (11%)	>0.999	19/223 (8.5%)	0.802	18/175 (10%)	>0.999	19/251 (7.6%)	0.605	24/263 (9.1%)	>0.999
Pancreatic fat (high)	8/66 (12%)	37/235 (16%)	0.56	34/230 (15%)	0.691	33/182 (18%)	0.334	36/259 (14%)	0.841	44/270 (16%)	0.454
i ancicatic fat (filgil)	0/00 (12/0)	311233 (10/0)	0.50	37/230 (13/0)	0.071	33/102 (10/0)	0.554	30/237 (17/0)	0.071	77/2/0 (10/0)	0.7.74

	Less common										
	symptoms only	Systemic Sym	ptoms	Cardiopulmonary	Symptoms	Severe Breathlessn	ess	Cognitive Dysfunction	on	Poor HRQoL	
Kidney (cortex T1 high)	7/65 (11%)	39/241 (16%)	0.332	37/237 (16%)	0.428	34/185 (18%)	0.177	38/263 (14%)	0.548	46/278 (17%)	0.34
Kidney volume (high)	6/66 (9.1%)	26/243 (11%)	0.822	21/236 (8.9%)	>0.999	22/187 (12%)	0.653	23/266 (8.6%)	>0.999	29/279 (10%)	>0.999
Splenomegaly	3/65 (4.6%)	27/243 (11%)	0.157	23/236 (9.7%)	0.316	18/187 (9.6%)	0.298	26/267 (9.7%)	0.229	23/279 (8.2%)	0.438
Lung FAC (low)	1/56 (1.8%)	7/233 (3.0%)	>0.999	6/231 (2.6%)	>0.999	5/180 (2.8%)	>0.999	5/262 (1.9%)	>0.999	7/271 (2.6%)	>0.999
Heart injury	15/66 (23%)	42/240 (18%)	0.372	44/234 (19%)	0.486	34/183 (19%)	0.474	48/261 (18%)	0.485	56/276 (20%)	0.736
Cardiac global T1 (elevated in >=3 segments)	8/66 (12%)	17/245 (6.9%)	0.2	21/238 (8.8%)	0.477	15/187 (8.0%)	0.325	20/268 (7.5%)	0.221	22/281 (7.8%)	0.328
LF EF (low)	3/66 (4.5%)	9/243 (3.7%)	0.724	8/237 (3.4%)	0.71	7/186 (3.8%)	0.725	10/266 (3.8%)	0.727	9/280 (3.2%)	0.706
RF EF (low)	2/66 (3.0%)	8/243 (3.3%)	>0.999	11/237 (4.6%)	0.741	2/186 (1.1%)	0.281	11/266 (4.1%)	>0.999	9/280 (3.2%)	>0.999
LV EDV (high)	1/66 (1.5%)	1/243 (0.4%)	0.382	2/237 (0.8%)	0.523	1/186 (0.5%)	0.456	2/266 (0.8%)	0.487	1/280 (0.4%)	0.346
RV EDV (high)	0/66 (0%)	3/243 (1.2%)	>0.999	4/237 (1.7%)	0.58	2/186 (1.1%)	>0.999	5/266 (1.9%)	0.587	3/280 (1.1%)	>0.999
Global longitudinal strain (high)	3/66 (4.5%)	10/240 (4.2%)	>0.999	7/233 (3.0%)	0.464	8/183 (4.4%)	>0.999	9/258 (3.5%)	0.715	17/273 (6.2%)	0.775
Multi-organ											
no organ impaired	29/66 (44%)	95/245 (39%)	0.48	94/238 (39%)	0.571	66/187 (35%)	0.238	114/268 (43%)	0.89	113/281 (40%)	0.581
>= 1 organ impaired	37/66 (56%)	150/245 (61%)	0.48	144/238 (61%)	0.571	121/187 (65%)	0.238	154/268 (57%)	0.89	168/281 (60%)	0.581
>=2 organs impaired	12/66 (18%)	66/245 (27%)	0.154	49/238 (21%)	0.731	49/187 (26%)	0.242	56/268 (21%)	0.734	68/281 (24%)	0.333
>=3 organs impaired	2/66 (3.0%)	23/245 (9.4%)	0.125	21/238 (8.8%)	0.185	19/187 (10%)	0.116	23/268 (8.6%)	0.189	25/281 (8.9%)	0.13

Table S5: Blood investigations in the whole cohort and the follow-up group of individuals with long COVID. Baseline and follow-up in the follow-up group were compared using McNemar's test. Note that 'No Change' indicates that there was no change in blood value for all individuals with paired data.

	Whole cohort		Follow-up group)		
	Baseline	Baseline	Follow-up	p-value (baseline vs follow-up		
Biomarker	n=536	n = 331	n=331	visits)	Unit	Reference range
Alanine transferase (high)	74/508 (15%)	49/313 (16%)	46/326 (14%)	0.391	IU/L	F: 10-35,
(low)	7/508 (1%)	4/313 (1%)	4/326 (1%)	>0.999 0.099	- A	M: 10-50
Albumin (high) (low)	27/508 (5%) 0/508 (0%)	18/313 (1%) 0/313 (0%)	11/326 (3%) 0/326 (0%)	No Change	g/L	34-50
Alkaline Phosphatase (high)	13/508 (3%)	8/313 (3%)	11/326 (3%)	0.450	IU/L	F: 35-104,
(low)	13/508 (3%)	7/313 (2%)	5/326 (2%)	0.617		M: 40-129
Amylase (high) (low)	34/463 (7%) 10/463 (2%)	22/284 (8%) 6/284 (2%)	22/279 (8%) 10/279 (4%)	>0.999 0.221	IU/L	28 - 100
Aspartate transferase (high)	43/488 (9%)	26/296 (9%)	37/312 (12%)	0.458	IU/L	F: 0-31,
(low)	0/488 (0%)	0/296 (0%)	0/312 (0%)	No Change		M:0-37
Basophils (high)	2/508 (0%)	2/313 (1%)	7/324 (2%)	0.131	10^9/L	0.0-0.1
(low) Bicarbonate (high)	0/508 (0%) 25/508 (5%)	0/313 (0%) 17/313 (5%)	0/324 (0%) 21/326 (6%)	No Change >0.999	mmol/L	22-29
(low)	49/508 (10%)	34/313 (11%)	33/326 (10%)	0.896	mmo/L	22-2)
Bilirubin (high)	17/508 (3%)	8/313 (3%)	12/326 (4%)	0.724	μmol/L	0-20
(low) C-peptide (high)	0/508 (0%) 19/463 (4%)	0/313 (0%) 19/283 (7%)	0/326 (0%) 24/279 (9%)	No Change 0.823	/T	1.1 - 4.4
(low)	0/463 (0%)	0/283 (0%)	1/279 (0%)	No Change	μg/L	1.1 - 4.4
Calcium (high)	7/508 (1%)	5/313 (2%)	1/326 (0%)	No Change	mmol/L	2.20-2.60
(low)	8/508 (2%)	4/313 (1%)	5/326 (2%)	>0.999		
Chloride (high) (low)	10/508 (2%) 11/508 (2%)	9/313 (3%) 7/313 (2%)	1/326 (0%) 6/326 (2%)	No Change 0.752	mmol/L	98-107
Cholesterol (high)	236/508 (46%)	152/313 (49%)	157/326 (48%)	0.791	mmol/L	<5
Creatine kinase (high)	40/508 (8%)	26/313 (8%)	41/323 (13%)	0.059	IU/L	F: 26-104,
(low)	2/508 (0%)	1/313 (0%)	2/323 (1%)	>0.999	1.7	M: 38-204
Creatinine (high) (low)	6/508 (1%) 25/508 (5%)	5/313 (2%) 14/313 (4%)	6/326 (2%) 16/326 (5%)	>0.999 0.628	μmol/L	F: 49-92, M: 66-112
CRP - high sensitivity (high)	37/507 (7%)	29/312 (2%)	30/326 (9%)	>0.999	mg/L	<5
eGFR (low)	5/508 (1%)	4/313 (1%)	6/325 (2%)	>0.999	mL/min/1.73m2	> 60
Eosinophils (high)	14/508 (3%) 0/508 (0%)	7/313 (2%)	11/324 (3%)	0.546 No Change	10^9/L	0-0.4
(low) ESR (high)	40/510 (8%)	0/313 (0%) 33/313 (11%)	0/324 (0%) 28/323 (9%)	0.286	mm/hr	M: 1-20,
(low)	0/510 (0%)	0/313 (0%)	0/323 (0%)	No Change		F or >40 years: 1-23
Gamma GT (high)	32/508 (6%)	21/313 (7%)	18/326 (6%)	0.267	IU/L	F: 6-42,
(low) Globulin (high)	12/508 (2%) 2/508 (0%)	5/313 (2%) 1/313 (0%)	4/326 (1%) 0/326 (0%)	>0.999 No Change	g/L	M: 10-71 19-35
(low)	14/508 (3%)	9/313 (3%)	11/326 (3%)	0.814	8-	
Haemoglobin (high)	6/508 (1%)	5/313 (2%)	7/324 (2%)	>0.999	g/L	F: 115-115,
(low) HCT (high)	13/508 (3%) 10/508 (2%)	7/313 (2%) 9/313 (3%)	6/324 (2%) 12/324 (4%)	>0.999 0.752		M: 130-170 F: 0.33-0.45,
(low)	8/508 (2%)	4/313 (1%)	1/324 (0%)	0.248		M: 0.37-0.5
HDL Cholesterol (high)	176/508 (35%)	104/313 (33%)	101/326 (31%)	0.371	mmol/L	F: 1.2-1.7,
(low) Insulin (high)	40/508 (8%) 41/460 (9%)	31/313 (10%) 30/281 (11%)	31/326 (10%) 27/276 (10%)	>0.999 0.646	mIU/L	M: 0.9-1.5 2.6-24.9
(low)	10/460 (2%)	2/281 (1%)	7/276 (3%)	0.041	IIIC/L	2.0-24.7
Iron (high)	24/508 (5%)	16/313 (5%)	11/326 (3%)	0.404	μmol/L	F: 6.6-26,
(low) LDH (high)	10/508 (2%) 80/500 (16%)	5/313 (2%) 59/306 (19%)	11/326 (3%) 70/319 (22%)	0.267 0.688	IU/L	M: 10.6-28.3 F: 135-214,
(low)	19/500 (4%)	9/306 (3%)	10/319 (22%)	>0.088	IU/L	M: 38-204
LDL Cholesterol (high)	167/500 (33%)	108/306 (35%)	116/325 (36%)	>0.999	mmol/L	<3
Lymphocytes (high)	2/508 (0%)	2/313 (1%)	6/324 (2%) 28/324 (9%)	0.371 0.689	10^9/L	1.2-3.65
(low) Magnesium (high)	38/508 (7%) 2/508 (0%)	25/313 (8%) 2/313 (1%)	4/326 (1%)	>0.089	mmol/L	0.6-1.0
(low)	1/508 (0%)	1/313 (0%)	1/326 (0%)	No Change		
MCH (high)	4/508 (1%)	3/313 (1%)	5/324 (2%)	>0.999	pg	26-33.5
(low) MCHC (high)	8/508 (2%) 106/508 (21%)	6/313 (2%) 62/313 (20%)	8/324 (2%) 49/324 (15%)	>0.999 0.050	g/L	300-350
(low)	0/508 (0%)	0/313 (0%)	1/324 (0%)	No Change	g/E	
MCV (high)	1/508 (0%)	1/313 (0%)	3/324 (1%)	0.480	fL	80-99
(low) Monocytes (high)	10/508 (2%) 4/508 (1%)	8/313 (3%) 3/313 (1%)	6/324 (2%) 2/324 (1%)	0.683 >0.999	10^9/L	0.2-1
(low)	2/508 (0%)	0/313 (0%)	0/324 (0%)	No Change	10 7/2	0.2 1
MPV (high)	8/506 (2%)	6/313 (2%)	7/324 (2%)	0.617	fL	7-13
(low) Neutrophils (high)	0/506 (0%) 8/508 (2%)	0/313 (0%) 7/313 (2%)	0/324 (0%) 7/324 (2%)	No Change >0.999	10^9/L	2-7.5
(low)	30/508 (6%)	13/313 (4%)	17/324 (5%)	0.814		
Phosphate (high)	13/508 (3%)	6/313 (2%)	6/326 (2%)	>0.999	mmol/L	0.87-1.45
(low) Platelet count (high)	53/508 (10%) 22/505 (4%)	38/313 (12%) 16/311 (5%)	34/326 (10%) 15/324 (5%)	0.542 >0.999	10^9/L	150-400
(low)	2/505 (4%)	1/311 (0%)	2/324 (1%)	>0.999	10 9/L	130-400
Potassium (high)	231/476 (49%)	140/289 (48%)	91/248 (37%)	0.016	mmol/L	3.5-5.1
(low)	0/476 (0%)	0/289 (0%)	0/248 (0%)	No Change		

	Whole cohort		Follow-up group)		
Biomarker	Baseline n=536	Baseline n = 331	Follow-up n=331	p-value (baseline vs follow-up visits)	Unit	Reference range
RDW (high)	12/507 (2%)	10/312 (3%)	5/324 (2%)	0.041	Cint	11.5-15.0
(low)	26/507 (5%)	17/312 (5%)	8/324 (2%)	0.027	104127	E 205 5 15
Red cell count (high) (low)	14/508 (3%) 17/508 (3%)	9/313 (3%) 8/313 (3%)	6/324 (2%) 12/324 (4%)	0.450 0.546	10^12/L	F: 3.95-5.15, M: 4.4-5.8
Sodium (high) (low)	1/508 (0%) 17/508 (3%)	1/313 (0%) 10/313 (3%)	2/326 (1%) 8/326 (2%)	>0.999 0.579	mmol/L	135-145
Testosterone (high)	19/463 (4%) 9/463 (2%)	10/284 (4%) 5/284 (2%)	7/279 (3%) 7/279 (3%)	0.579 0.724	nmol/L	F: 0-1.8, M: 7.6 - 31.4
Thyroid stimulating hormone (high) (low)	3/468 (1%) 0/468 (0%)	3/288 (1%) 0/288 (0%)	4/279 (1%) 1/279 (0%)	>0.724 >0.999 No Change	mIU/L	0.27-4.2
TIBC (high)	19/501 (4%) 1/501 (0%)	8/307 (3%) 1/307 (0%)	5/319 (2%) 5/319 (2%)	0.221 0.134	μmol/L	41-77
Total protein (high) (low)	2/508 (0%) 7/508 (1%)	1/313 (0%) 6/313 (2%)	0/326 (0%) 9/326 (3%)	No Change 0.773	g/L	63-83
Transferrin saturation (high) (low)	9/501 (2%) 79/501 (16%)	6/307 (2%) 55/307 (18%)	6/319 (2%) 65/319 (20%)	>0.999 0.222	%	20-55
Triglycerides (high)	71/508 (14%)	49/313 (16%)	44/326 (13%)	0.349	mmol/L	<2.3
Troponin I (high)	4/463 (1%)	3/184 (1%)	2/279 (1%)	>0.999	ng/L	< 15.6
Urea (high)	1/508 (0%) 1/508 (0%)	0/313 (0%) 0/313 (0%)	3/326 (1%) 1/326 (0%)	No Change No Change	mmol/L	1.7-8.3
Uric acid (high) (low)	29/508 (6%) 59/508 (12%)	22/313 (7%) 31/313 (10%)	19/326 (6%) 27/326 (8%)	0.453 0.571	μmol/L	F: 175-363, M: 266-474
White cell count (high) (low)	19/508 (4%) 1/508 (0%)	14/313 (4%) 0/313 (0%)	16/324 (5%) 0/324 (0%)	0.814 No Change	10^9/L	3-10

Table S6: Comparison of MRI metrics between healthy controls and whole long COVID cohort at baseline. Comparisons are statistically assessed using the two-sample t-test for normal data and the two-sample Wilcox test for non-normal data. Normality is assessed using the Shapiro-Wilk test.

Metric	N	Healthy controls	Long COVID	P-value					
	total	(n=92)	(n=536)						
CARDIAC (Field strength independent metrics)									
Global longitudinal strain 3D (%) Missing	601	-14.68 (2.4) 13	-14.50 (2.3) 14	0.336					
RV EF (%) Missing	621	57.6 (4.5) 5	59.1 (4.9) 2	0.004					
LV EF (%) Missing	625	59.5 (56.6, 62.7) 1	59.7 (56.8, 62.4) 2	0.747					
RV EDV (ml) (BSA corrected)	621	87 (78 101)	77 (68 87)	<0.001					
Missing LV EDV (ml)	593	5 86 (78, 99)	2 80 (70, 90)	<0.001					
(BSA corrected) Missing		5	2						
Clobal T1 (ms)	(Field strength do	968 (962, 988)	976 (956, 991)	0.592					
Global T1 (ms) Missing		1	970 (930, 991)	0.392					
Global T1 (ms) Missing	(Field strength of 224	1,179 (1,152, 1,199) 0	1,182 (1,159, 1,199) 7	0.972					
Ç	LIV								
	(Field strength inde		511 (650 55 0)	0.004					
cT1 (ms) Missing	613	709 (667, 748)	714 (669, 759) 12	0.304					
PDFF (%) Missing Liver volume (ml)	578 626	1.8 (1.3, 2.6) 3 1,344 (1,238, 1,550)	2.6 (1.6, 5.0) 1 1,420 (1,269, 1,636)	< 0.001 0.126					
Missing	020	1	1	0.120					
	KIDN								
Left volume (ml)	(Field strength inde	ependent metrics) 141 (125, 170)	149 (129, 169)	0.430					
Missing Right volume (ml)	622	141 (123, 170) 2 151 (131, 178)	149 (129, 109) 2 149 (132, 168)	0.430					
Missing	022	2	4	0.372					
•	(Field strength de								
Left cortex T1 (ms) Missing	394	1,065 (54) 1	1,080 (71) 2	0.070					
Right cortex T1 (ms) Missing	395	1,050 (58) 1	1,070 (68) 1	0.020					
T 6: 4 701	(Field strength o		1.410./75\	0.010					
Left cortex T1 (ms) Missing	227	1,397 (61)	1,412 (75)	0.213					
Right cortex T1 (ms) Missing	225	1,389 (69)	1,389 (79) 6	0.969					
	PANCI (Field strength inde								
srT1 (ms)	590	714 (686, 743)	717 (683, 761)	0.390					
Missing PDFF (%)	607	6 2.11 (1.62, 2.91)	32 2.80 (2.10, 4.75)	<0.001					
Missing	SPLI	4	17						
	(Field strength inde								
Volume (ml) Missing	624	182 (121, 239) 1	182 (146, 240) 3	0.248					
	LUN								
Deep fractional area change (%)	(Field strength inde	47 (39, 53)	45 (38, 51)	0.120					
Missing	302	17	29	0.120					

Table S7: Associations between biomarkers and symptom groups in individuals with long COVID. Odds ratios (95% CI) and p-values from stepwise-selected model (using AIC) are reported. The timepoint 'prediction' refers to an association of biomarker at baseline and symptom at follow-up. Sample sizes for presenting the outcome (yes/no) refer to observations with no missing data. In bold are significant biomarkers identified in the combined regression model.

Symptom	Timepoint	MRI metrics (stepwise model)	Blood metrics (stepwise model)	Combined (stepwise model)
group Severe breathlessness	Baseline (whole cohort)	Liver fat: OR 1.4 (1.13, 1.73), p=0.002 Pancreatic fat: OR 1.22 (0.98, 1.51), p=0.07 Kidney cortex T1: OR 1.17 (0.95, 1.44), p=0.128 Liver cT1: OR 0.82 (0.65, 1.03), p=0.095 Age: OR: 0.69 (0.56, 0.86), p=0.001 Sex (male): OR 0.59 (0.36, 0.94), p=0.029 Sample size: yes n=161, no, n=278	Transferrin sat (low): OR 1.32 (1.08, 1.62), p=0.007 Cholesterol (high): OR 1.25 (1, 1.56), p=0.046 MCHC (high): OR 1.2 (0.98, 1.47), p=0.082 Age: OR 0.79 (0.63, 0.98), p=0.037 Sample size: yes n=150, no, n=248	Liver fat: OR 1.40 (1.12, 1.75), p=0.003 Transferrin sat (low): OR 1.24 (0.99, 1.55), p=0.057 MCHC (high): OR 1.2 (0.95, 1.51) p=0.132 Age: OR 0.8 (0.63, 1) p=0.055 Sex (male): OR 0.64 (0.36, 1.12) p=0.127 Sample size: yes n=133, no, n=214
	follow-up (follow-up group)	Liver volume: OR 1.42 (1.02, 2.00), p=0.036 Age: OR 0.69 (0.49, 0.95), p=0.025 Kidney volume: OR 0.68 (0.40, 1.00), p=0.083 Sample size: yes n=59, no, n=129	BMI: OR 1.39 (1.03, 1.91) p=0.036 Potassium (high): OR 1.3 (0.95, 1.78) p=0.099 Age: OR 0.78 (0.57, 1.07) p=0.128 Transferrin sat (low): OR 0.72 (0.51, 1) p=0.061 Sex (male): OR 0.45 (0.2, 0.96) p=0.044 Sample size: yes n=64, no, n=128	BMI: OR 1.73 (1.11, 2.77) p=0.018 Age: OR 0.69 (0.46, 1.02) p=0.067 Transferrin sat (low): OR 0.60 (0.37, 0.92) p=0.027 Sex (male): OR 0.46 (0.18, 1.14) p=0.101 Kidney Volume: OR 0.45 (0.18, 0.79) p=0.019 Sample size: yes n=44, no, n=85
	prediction (follow-up group)	Liver fat: OR 1.40 (1.06, 1.85), p=0.016 Lungs FAC: OR 1.23 (0.95, 1.67), p=0.124 Age: OR 0.72 (0.53, 0.96), p=0.026 Sex (male): OR 0.48 (0.24, 0.92), p=0.033 Sample size: yes n=79, no, n=178	Cholesterol (high): OR 1.51 (1.02, 2.25), p=0.042 BMI: OR 1.3 (0.96, 1.76), p=0.087 Age: OR 0.77 (0.56, 1.05), p=0.108 LDH (high): OR 0.76 (0.53, 1.04), p=0.106 LDL Cholesterol (high): OR 0.75 (0.5, 1.1), p=0.142 Sample size: yes n=71, no, n=156	Liver Fat: OR 1.55 (1.1, 2.2) p=0.013 Cholesterol (high): OR 1.33 (0.93, 1.92), p=0.124 MCHC (high): OR 1.3 (0.92, 1.84) p=0.128 Age: OR 0.64 (0.43, 0.93) p=0.021 Liver volume: OR 0.62 (0.39, 0.9) p=0.021 Sex (male): OR 0.26 (0.09, 0.66) p=0.007 Sample size: yes n=60, no, n=134
Cognitive dysfunction	Baseline (whole cohort)	BMI: OR 1.15 (0.95, 1.39) p=0.148 Pancreas srT1: OR 0.84 (0.69, 1.01) p=0.066 Sample size: yes n=236, no, n=222	Potassium (high): OR 1.36 (1.12, 1.66), p=0.002 Sample size: yes n=218, no, n=195	Potassium (high): OR 1.44 (1.16, 1.78) p=0.001 Spleen Volume: OR 1.23 (0.98, 1.55) p=0.078 Pancreas srT1: OR 0.85 (0.68, 1.05) p=0.127 Sample size: yes n=192, no, n=167
	follow-up (follow-up group)	Liver cT1: OR 1.48 (1.09, 2.05) p=0.015 Kidney cortex T1: OR 0.75 (0.53, 1.02) p=0.078 Pancreatic fat: OR 0.62 (0.42, 0.87), p=0.009 Sex (male): OR 0.37 (0.17, 0.76) p=0.009 Sample size: yes n=79, no n=123	CK (high): OR 0.79 (0.57, 1.07) p=0.14 Sex (male): OR 0.51 (0.26, 0.99) p=0.05 Sample size: yes n=83, no, n=123	MCHC (high): OR 1.38 (0.94, 2.08) p=0.103 Liver cT1: OR 1.37 (0.92, 2.07) p=0.122 Cardiac T1: OR 0.75 (0.5, 1.1) p=0.15 Pancreas Fat: OR 0.67 (0.41, 1.01) p=0.073 CK (high): OR 0.66 (0.4, 1) p=0.067 Kidney cortex T1: OR 0.66 (0.43, 0.96) p=0.037 Sex (male): OR 0.29 (0.1, 0.72) p=0.011 Sample size: yes n=56, no, n=82
	Prediction	BMI: OR 0.8 (0.62, 1.02) p=0.084	BMI: 0.75 (0.56, 0.97) p=0.036	MCHC (high): OR 1.43 (1.04, 2) p=0.032

Symptom group	Timepoint	MRI metrics (stepwise model)	Blood metrics (stepwise model)	Combined (stepwise model)
	(follow-up group)	Sex (male): OR 0.41 (0.22, 0.74) p=0.004 Sample size: yes n=104, no n=175	Sex (male): OR 0.39 (0.19, 0.73) p=0.005 Sample size: yes n=101, no n=146	Age: OR 1.35 (0.98, 1.88) p=0.07 Cardiac T1: OR 1.29 (0.95, 1.78) p=0.107 Cholesterol (high): OR 0.79 (0.58, 1.09) p=0.152 Pancreas srT1: OR 0.79 (0.56, 1.08) p=0.155 BMI: OR 0.68 (0.49, 0.93) p=0.019 Sex (male): OR 0.21 (0.08, 0.48) p<0.001 Sample size: yes n=56, no, n=82
Poor HRQoL	Baseline (whole cohort)	BMI: OR 1.21 (0.99, 1.49) p=0.073 Cardiac T1: OR 1.16 (0.95, 1.42) p=0.143 Age: OR 0.84 (0.69, 1.02) p=0.074 Sex (male): OR 0.43 (0.28, 0.67) p<0.001 Sample size: yes n=241, no n=202	Sex (male): OR 0.44 (0.27, 0.7) p=0.001 Sample size: yes n=231, no n=167	Liver Fat: OR 1.21 (0.97, 1.52) p=0.103 Sex (male): OR 0.42 (0.25, 0.7) p=0.001 Sample size: yes n=200, no, n=147
	follow-up (follow-up group)	Liver Volume: OR 1.74 (1.25, 2.59) p=0.002 Age: OR 0.75 (0.55, 1.02) p=0.069 Cardiac T1: OR 0.71 (0.5, 0.98) p=0.043 Sample size: yes n=84, no n=104	MCHC (high): OR 1.28 (0.94, 1.78) p=0.122 Transferrin sat (low): OR 0.73 (0.53, 0.99) p=0.048 Cholesterol (high): OR 0.7 (0.51, 0.95) p=0.023 Age: OR 0.67 (0.49, 0.92) p=0.014 Sex (male): OR 0.35 (0.16, 0.92) p=0.014 Sample size: yes n=93, no n=99	Liver volume: OR 1.77 (1.15, 2.93) p=0.015 MCHC (high): OR 1.66 (1.09, 2.66) p=0.024 Potassium (high): OR 1.59 (1.07, 2.41) p=0.023 Age: OR 0.73 (0.49, 1.08) p=0.119 Cardiac T1: OR 0.68 (0.42, 1.04) p=0.087 Transferrin sat (low): OR 0.55 (0.34, 0.84) p=0.009 Sex (male): OR 0.32 (0.12, 0.83) p=0.023 Sample size: yes n=60, no n=69
	Prediction (follow-up group)	Kidney cortex T1: OR 1.28 (0.98, 1.67) p=0.067 Liver cT1: OR 1.22 (0.94, 1.59) p=0.142 Age: OR 0.74 (0.57, 0.96) p=0.025 Sex (male): OR 0.53 (0.29, 0.96) p=0.039 Sample size: yes n=115, no n=142	C-Peptide (high): OR 1.27 (0.97, 1.72) p=0.099 Sex (male): OR 0.53 (0.28, 1.01) p=0.056 Sample size: yes n=111, no n=116	Kidney cortex T1: OR 1.28 (0.96, 1.74) p=0.1 Sex (male): 0.43 (0.2, 0.88) p=0.024 Sample size: yes n=92, no n=102

Figure S1: Example MRI data segmentations used in organ morphology measurements.

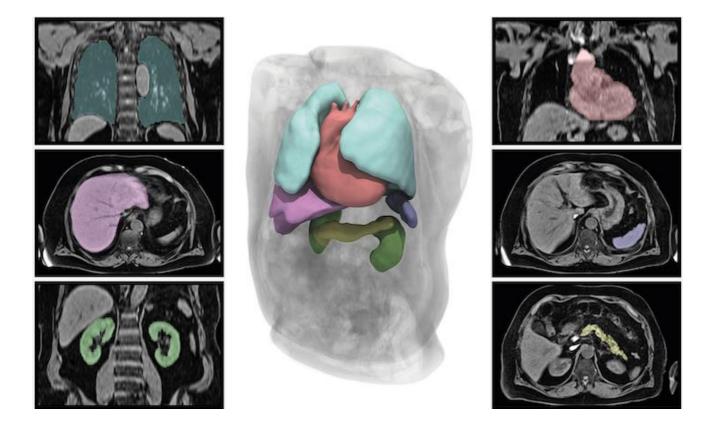


Figure S2: Symptoms at baseline in long COVID individuals with organ impairment identified at baseline, eligible for follow-up (the follow-up group) vs those without impairment, who were only invited for the baseline visit.

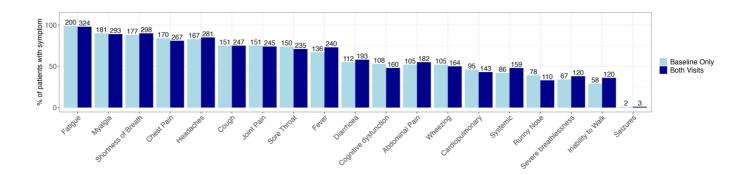


Figure S3: Self-reported health related quality of life as reported from the EQ-5D-5L instrument showing the UK specific index scores (left) and the visual analogue score (right), in the follow-up group. Comparisons were performed using the paired Wilcoxon test.

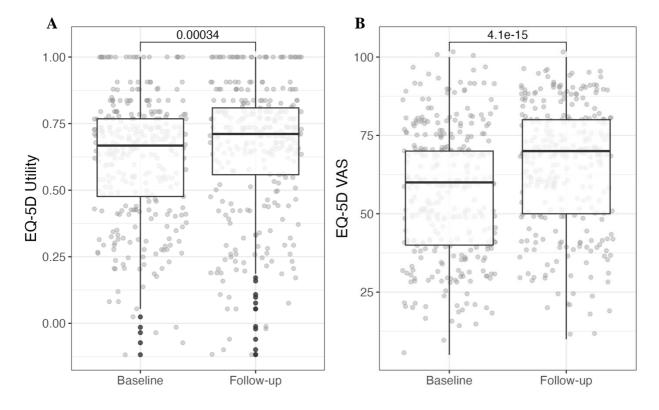


Figure S4: Dimensions of health from the EQ-5D-5L questionnaire in the follow-up group. Comparisons between baseline and follow-up were performed using McNemar's test.

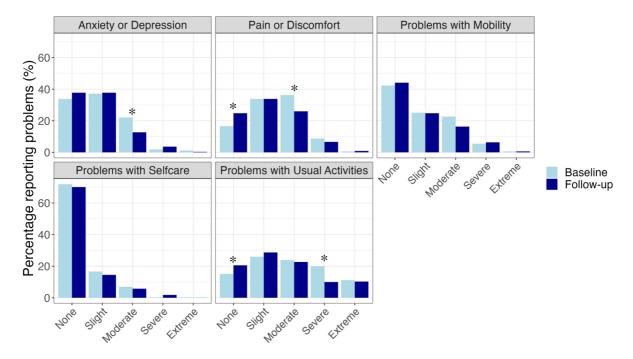


Figure S5: Proportion of long COVID cases with liver steatosis by symptom group (systemic, cardiopulmonary, severe breathlessness, brain fog, poor HRQoL. A: Whole cohort at baseline (n=536) B: A subgroup of cases from the whole cohort at baseline without metabolic syndrome (BMI>=30 or diabetes or hypertension) (n=144).

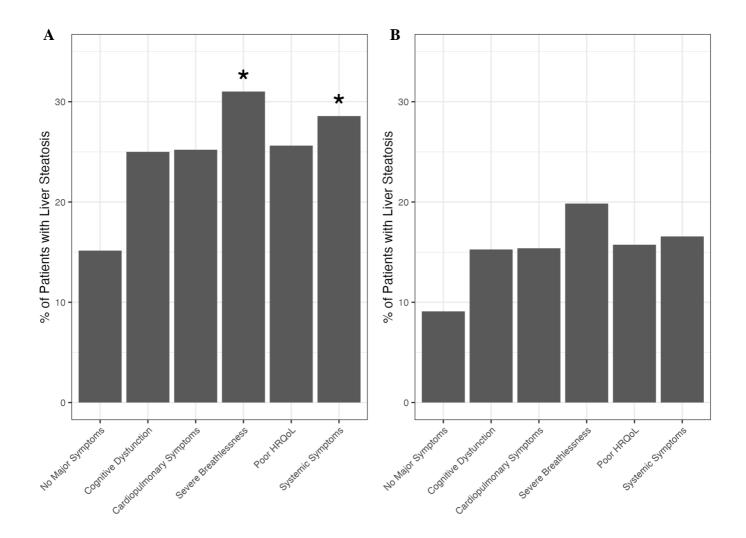
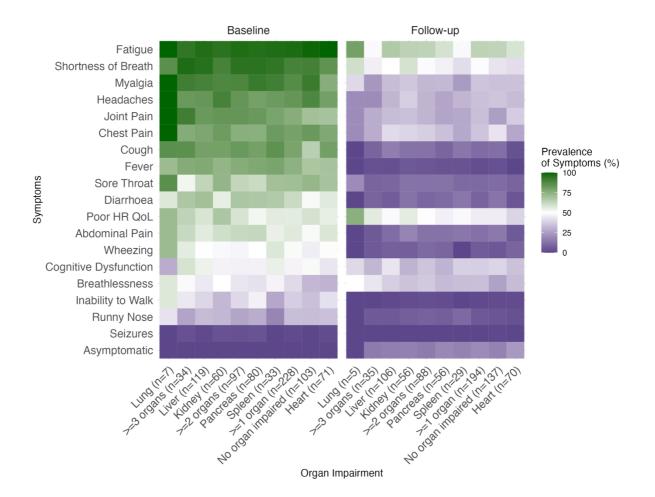


Figure S6: Heat maps showing the proportion of those with impairment in individual organs that reported specific symptoms at baseline (left) and follow-up (right) in the follow-up group. Rows and columns are sorted by mean prevalence of the symptom at baseline. Labels of the x-axis indicate the number of patients presenting with organ impairment at each time point. Shortness of breath is self-reported, and breathlessness is based on Dyspnoea-12. Greener colours indicate a higher proportion as defined by the scale on the right.



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