

Instructions

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|---------------------------------------|---------------------------|-------------------------------|---|
| 1. Given Name (Fi Wei | rst Name) | 2. Surname (Last Name) Cao | 3. Date 30-March-2020 |
| 4. Are you the cor | responding author? | Yes 🖌 No | Corresponding Author's Name Shuyang Zhang and Yongzhe Li |
| 5. Manuscript Title Coagulopathy a | | Antibodies in Critically III | Patients with COVID-19 |
| 6. Manuscript Ide 20-07575 | ntifying Number (if you l | know it) | |
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| Section 2. | The Work Under | Consideration for Pub | lication |

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| 1. Given Name (First Name) Huan | 2. Surname (Last Name) Chen | 3. Date 30-March-2020 |
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| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Shuyang Zhang and Yongzhe Li |
| 5. Manuscript Title Coagulopathy and Anti-Phospholipic | Antibodies in Critically III | Patients with COVID-19 |

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|---|-----|--|
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No

| Are there any relevant conflicts of interest? | | Yes | \checkmark | |
|---|--|-----|--------------|--|
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | V N | lo |
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Section 5. Relationships not covered above

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| Section 1. | Identifying Infor | mation | |
|--|-------------------------|---------------------------------|---|
| 1. Given Name (Fir Wei | rst Name) | 2. Surname (Last Name) Jiang | 3. Date 30-March-2020 |
| 4. Are you the corr | responding author? | Yes 🖌 No | Corresponding Author's Name Shuyang Zhang and Yongzhe Li |
| 5. Manuscript Title Coagulopathy ar | | Antibodies in Critically III | Patients with COVID-19 |
| 6. Manuscript Ider 20-07575 | ntifying Number (if you | know it) | |
| | | | |
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🖌 No

| Are there any relevant conflicts of interest? | Yes | |
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Are there any relevant conflicts of interest? Yes 🗸 No

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | 🖌 No | |
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| Section 1. | Identifying Infor | mation | | |
|--------------------------------------|-------------------------|------------------|----------------|---|
| 1. Given Name (Fi Taisheng | rst Name) | 2. Surname Li | (Last Name) | 3. Date 30-March-2020 |
| 4. Are you the cor | responding author? | Yes | ✓ No | Corresponding Author's Name Shuyang Zhang and Yongzhe Li |
| 5. Manuscript Titl Coagulopathy a | | Antibodies in | Critically III | Patients with COVID-19 |
| 6. Manuscript Ide 20-07575 | ntifying Number (if you | know it) | | |
| | | | | |
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| 1. Given Name (First Name) Yongzhe | 2. Surname (Last Name) Li | 3. Date 30-March-2020 |
|---|--|--------------------------|
| Are you the corresponding author? | ✓ Yes No | |
| 5. Manuscript Title Coagulopathy and Anti-Phospholij | oid Antibodies in Critically III Patients with C | COVID-19 |
| 6. Manuscript Identifying Number (if y | | |

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🖌 No

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| Section 1. Ident | ifying Informa | | ne (Last Name) | | 3. Date |
|--|-----------------------------|-------------------|----------------------|--|---------------|
| Zhengyin | | Liu | . , | | 30-March-2020 |
| 4. Are you the correspondi | ng author? | Yes | ✓ No | Corresponding Author's Na Shuyang Zhang and Yor | |
| 5. Manuscript Title Coagulopathy and Anti-I | ^o hospholipid An | itibodies i | n Critically III | Patients with COVID-19 | |
| 6. Manuscript Identifying N 20-07575 | lumber (if you kno | ow it) | | | |
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| Section 2. The W | ork Under Co | nsider <u>a</u> t | tion for P <u>ub</u> | ication | |

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|--------------------------------------|-------------------------|-----------------|--------------------|--|---------|
| 1. Given Name (Fi Jie | rst Name) | 2. Surnan Ma | ne (Last Name) | 3. Date 30-March-2020 | |
| 4. Are you the corresponding author? | | Yes | ✓ No | Corresponding Author's Name | |
| 5. Manuscript Titl | | | | Shuyang Zhang and Yongzhe Li | |
| Coagulopathy a | nd Anti-Phospholipid | Antibodies i | n Critically III P | atients with COVID-19 | |
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🖌 No

Yes

| Are there any relevant conflicts of interest? | Ye | es 🗸 | / | No |
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| Section 1. | Identifying Infor | mation | |
|---------------------------------------|---------------------------|-------------------------------|--|
| 1. Given Name (Fi Xuzhen | rst Name) | 2. Surname (Last Name) Qin | 3. Date 30-March-2020 |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Name Shuyang Zhang and Yongzhe Li |
| 5. Manuscript Title Coagulopathy a | | Antibodies in Critically III | Patients with COVID-19 |
| 6. Manuscript Ide 20-07575 | ntifying Number (if you l | know it) | |
| Section 2. | | | |
| Section 2. | The Work Under (| Consideration for Pub | ication |
| | submitted work (includir | | m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation, |

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✓ No

Yes

| Are there any relevant conflicts of interest? | | Yes | \checkmark | No |
|---|--|-----|--------------|----|
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Are there any relevant conflicts of interest?

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | 🖌 No | |
|--|-----|------|--|
| | | • | |



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| 1. Given Name (Fi Yan | irst Name) | 2. Surname (Last Name) Qin | 3. Date 30-March-2020 | | |
| 4. Are you the co | rresponding author? | Yes 🖌 No | Corresponding Author's Name | | |
| | | | Shuyang Zhang and Yongzhe Li | | |
| 5. Manuscript Titl Coagulopathy a | | Antibodies in Critically III I | Patients with COVID-19 | | |
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🖌 No

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|--|---------------------------|---------------------------------|--|--|
| 1. Given Name (Fi Xuefeng | rst Name) | 2. Surname (Last Name) Sun | | 3. Date 30-March-2020 |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Name Shuyang Zhang and Yongzhe Li | |
| 5. Manuscript Title Coagulopathy a | | Antibodies in Critically III F | Patients with COVID-19 | |
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| any aspect of the s statistical analysis, | ubmitted work (includir | ng but not limited to grants, o | n a third party (government, co lata monitoring board, study de | ommercial, private foundation, etc.) for esign, manuscript preparation, |

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| Are there any relevant conflicts of interest? | Y | es 🗸 | / | No |
|---|---|------|---|----|
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | V N | ю |
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| Section 1. Identifying Inform | nation | |
|---|--------------------------------|--|
| 1. Given Name (First Name) Ran | 2. Surname (Last Name) Tian | 3. Date 30-March-2020 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Shuyang Zhang and Yongzhe Li |
| 5. Manuscript Title Coagulopathy and Anti-Phospholipid / | Antibodies in Critically III I | Patients with COVID-19 |
| 6. Manuscript Identifying Number (if you k 20-07575 | now it) | |
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| Are there any relevant conflicts of interest? | Y | es 🗸 | / | No |
|---|---|------|---|----|
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | 🖌 No | |
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| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Shuyang Zhang and Yongzhe Li |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | 5 🔽 N/ | 0 |
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| 1. Given Name (Fi Dong | rst Name) | 2. Surname (Last Name) Wu | | 3. Date 30-March-2020 |
| 4. Are you the cor | responding author? | Yes 🖌 No | Corresponding Author's Nam | ne |
| | | | Shuyang Zhang and Yong | izhe Li |
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| 1. Given Name (Fi Wei | irst Name) | 2. Surname (Last Name) Wu | 3. Date 30-March-2020 |
| 4. Are you the co | rresponding author? | Yes 🖌 No | Corresponding Author's Name |
| | | | Shuyang Zhang and Yongzhe Li |
| 5. Manuscript Titl Coagulopathy a | | Antibodies in Critically III | Patients with COVID-19 |
| 6. Manuscript Ide 20-07575 | ntifying Number (if you l | know it) | |
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✓ No

Yes

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| Section 1. | Identifying Inform | nation | |
| 1. Given Name (Fi Peng | rst Name) | 2. Surname (Last Name) Xia | 3. Date 30-March-2020 |
| 4. Are you the cor | responding author? | Yes 🖌 No | Corresponding Author's Name |
| | | | Shuyang Zhang and Yongzhe Li |
| 5. Manuscript Title Coagulopathy a | | Antibodies in Critically III F | Patients with COVID-19 |
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✓ No

Yes

| Are there any relevant conflicts of interest? | Y | es 🗸 | / | No |
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| 1. Given Name (Fi Meng | rst Name) | 2. Surname (Last Name) Xiao | 3. Date 30-March-2020 | |
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| Section 1. | Identifying Infor | mation | |
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| 1. Given Name (F Yingchun | irst Name) | 2. Surname (Last Na Xu | ame) 3. Date 30-March-2020 |
| 4. Are you the co | rresponding author? | Yes 🖌 No | Corresponding Author's Name |
| | | | Shuyang Zhang and Yongzhe Li |
| 5. Manuscript Titl Coagulopathy a | | Antibodies in Critical | y III Patients with COVID-19 |
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🖌 No

| Are there any relevant conflicts of interest? | Y | es 🗸 | / | No |
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statistical analysis, etc.)?

Are there any relevant conflicts of interest?

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | \square | Yes | V No | о |
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| 1. Given Name (Fi Xiaowei | rst Name) | 2. Surname (Last Name) Yan | | 3. Date 30-March-2020 | |
| 4. Are you the cor | responding author? | Yes 🖌 No | Corresponding Author's Name Shuyang Zhang and Yongzhe Li | | |
| 5. Manuscript Title Coagulopathy an | | Antibodies in Critically III F | Patients with COVID-19 | | |
| 6. Manuscript Ider 20-07575 | ntifying Number (if you l | know it) | | | |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | 🖌 No | |
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| 1. Given Name (Fi Dong | rst Name) | 2. Surname (Last Name) Zhang | 3. Date 30-March-2020 |
| 4. Are you the cor | responding author? | Yes 🖌 No | Corresponding Author's Name Shuyang Zhang and Yongzhe Li |
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✓ No

Yes

| Are there any relevant conflicts of interest? | | Yes | \checkmark | No |
|---|--|-----|--------------|----|
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Are there any relevant conflicts of interest?

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| 4. Are you the cor | responding author? | Yes 🖌 No | Corresponding Author's Name |
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✓ No

Yes

| Are there any relevant conflicts of interest? | | Yes | \checkmark | No |
|---|--|-----|--------------|----|
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| 1. Given Name (Fi Shuyang | | 2. Surname (Las Zhang | t Name) | 3. Date 30-March-2020 | |
| | rresponding author? | | No | | |
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✓ No

Yes

| Are there any relevant conflicts of interest? | Y | es 🗸 | 1 | No |
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| | | | Shuyang Zhang and Yongzhe Li | |
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| 6. Manuscript Ide 20-07575 | ntifying Number (if you | know it) | _ | |
| Section 2. | The Work Under | Consideration for Publ | ication | |
| | submitted work (includin | | n a third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation, | |

Section 3. Relevant financial activities outside the submitted work.

Yes

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**.

✓ No

| Are there any relevant conflicts of interest? | Ye | es 🗸 | / | No |
|---|----|------|---|----|
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Are there any relevant conflicts of interest?

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Ye | es 🗸 | No | |
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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?

Yes, the following relationships/conditions/circumstances are present (explain below):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Zhao has nothing to disclose.

Evaluation and Feedback



Instructions

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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.

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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.

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| 1. Given Name (Fi Xiang | | 2. Surname (Last Name) Zhou | | 3. Date 30-March-2020 | | | |
| 4. Are you the cor | responding author? | Yes 🖌 No | Corresponding Author's Na Shuyang Zhang and Yor | | | | |
| 5. Manuscript Title Coagulopathy an | | Antibodies in Critically III | Patients with COVID-19 | | | | |
| 6. Manuscript Identifying Number (if you know it) 20-07575 | | | | | | | |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🛛 🖡 | ✔ No | |
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