

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.

Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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Alshak 1



Section 1.	Identifying Inform	ation		
1. Given Name (Firs Mark	t Name)	2. Surname (Last Name) Alshak	3. Date 13-April-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Parag Goyal	
5. Manuscript Title Clinical Characteri	istics of COVID-19 in N	ew York City		
6. Manuscript Ident 20-10419	ifying Number (if you kn	ow it)		
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the su statistical analysis, e	bmitted work (including	but not limited to grants, do	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation) clicking the "Add -	with entities as descri	bed in the instructions. Uport relationships that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .	
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Alshak 2



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Dr. Alshak has nothing to disclose.				

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Campion 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Thomas		2. Surname (Last Name) Campion	3. Date 13-April-2020		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Parag Goyal		
5. Manuscript Title Clinical Characteristics of COVID-19 in New York City					
6. Manuscript Ider 20-10419	ntifying Number (if you kr	now it)			
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Campion 2



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Chen 1



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1. Given Name (First Name) Ruijun		2. Surname (Last Name) Chen	3. Date 13-April-2020
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Parag Goyal
5. Manuscript Title Clinical Characte	eristics of COVID-19 in N	New York City	
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Choi 1



Cartinus				
Section 1. Identifyir	g Information			
1. Given Name (First Name) Justin	2. Surname (Last Name) Choi		3. Date 13-April-2020	
4. Are you the corresponding au	thor? Yes 🗸 No	Corresponding Author Parag Goyal	or's Name	
5. Manuscript Title Clinical Characteristics of COV	/ID-19 in New York City			
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Name of Entity	Grant? Personal No	on-Financial Other?	Comments	
NIH/NCATS	✓			
Roche Diagnostics	✓			
Allergan			Consulting for budget impact model of dalbavancin in acute bacterial skin and skin structure infections.	

Choi 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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Dr. Choi reports grants from NIH/NCATS, grants from Roche Diagnostics, personal fees from Allergan, outside the submitted work.

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patent

1 Goyal



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of compensation) with entities as desc	ribed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.				
Section 4. Intellectual Prope	erty Patents & Copyric	ghts				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Gulick 2



Section 5. Polationships not severed above				
Relationships not covered above				
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Section 6. Disclosure Statement				
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Dr. Gulick has nothing to disclose.				

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Hoffman 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Katherine	rst Name)	2. Surname (Last Name) Hoffman	3. Date 13-April-2020
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Parag Goyal
5. Manuscript Title Clinical Characte	eristics of COVID-19 in N	New York City	
6. Manuscript Ider 20-10419	ntifying Number (if you kr	now it)	
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Hoffman 2



Section 5.	
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Horn 1



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4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Parag Goyal
5. Manuscript Title Clinical Characte	eristics of COVID-19 in N	New York City	
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Horn 2



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Royalties: Funds are coming in to you or your institution due to your patent

Hupert 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Nathaniel	rst Name)	2. Surname (Last Name) Hupert	3. Date 21-April-2020
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Parag Goyal
5. Manuscript Title Clinical Characte	eristics of COVID-19 in N	New York City	
6. Manuscript Ider 20-10419	ntifying Number (if you kr	now it)	
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Hupert 2



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Jabri 1



Section 1.	Identifying Inform	nation	
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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Parag Goyal
5. Manuscript Title Clinical Characte	eristics of COVID-19 in N	New York City	
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Li 1



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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

Martinez 1



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Fernando	2. Surna Martine	me (Last Nar z	ne)		3. Date 13-April-2020	
4. Are you the corresponding author?	Yes	✓ No	Correspond Parag Goy	_	or's Name	
5. Manuscript Title Clinical Characteristics of COVID-19 in N	lew York C	City				
6. Manuscript Identifying Number (if you kn 20-10419	ow it)					
Section 2. The Work Under Co	onsidera	tion for P	ublication			
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not lin	nited to gran				.) for
Section 3. Relevant financial	activitio	s outsido :	the cubmitted	work		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the port relation \mathbf{v}	e instruction onships tha Yes	ns. Use one line fo	or each er	ntity; add as many lines as you need	
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
AtraZeneca		√	✓	✓	COPD Ad Boards, Steering Committee (honoraria, travel support)	
Afferent/Merck				√	IPF Steering Committee (publication)	
Boheringer Ingelheim		✓	V	✓	COPD Advisory Board (honorarium travel) support; ILD DSMB, IPF Steering Committee, Study presentations (honoraria, travel support, publication)	
Bristol Myers Squibb				✓	teleconference without	

Martinez 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Chiesi				✓	COPD Ad Board (travel support)
Canadian Respiratory Society		✓	\checkmark		COPD CME presentation (honorarium, travel support)
CME Outfitters		✓	✓		COPD CME presentation (honorarium, travel support)
CSL Behring		✓	✓		IPF Ad Board (honorarium, travel support)
Dartmouth University		\checkmark			IPF CME presentation (honorarium)
France Foundation		✓			IPF CME presentation
Gala		✓			COPD Ad Board
Genentech		✓	✓		Asthma DSMB, IPF Ad Board (honorarium and travel support)
GlaxoSmithKline	✓	✓	✓	✓	COPD Ad Boards, Steering Committee, DSMB (honoraria and travel support)
Inova Fairfax		✓	\checkmark		COPD CME presentation (honorarium and travel support)
MDMagazine		✓	\checkmark		COPD CME (honorarium and travel support)
NYP Methodist Hospital Brooklyn		✓	✓		COPD CME presentation (honorarium and travel support); IPF CME presentation (honorarium and travel support)
Miller Communications		\checkmark	\checkmark		COPD and IPF CME presentations (honoraria and travel support)
National Association for Continuing Education		✓	\checkmark		COPD and IPF CME presentations (honoraria and travel support)
Nitto				✓	Steering Committee without compensation
Novartis		✓	\checkmark		COPD CME presentation (honoraria and travel support)
New York University		✓			ILD CME presentation (honorarium)
Patara/Respivant		\checkmark	✓		IPF Steering Committee (honorarium and travel support)
Pearl		✓			COPD Ad Board (honorarium)
Peer View		✓	✓		COPD and IPF CME presentations (honoraria and travel support)
Physicians Education Resource		✓			COPD CME (honoraria)
ProMedior		✓			IPF Steering Committee

Martinez 3



Rare Diseases Healthcare Communications	✓	✓		IPF CME presentation (honorarium and travel support)
Rockpointe Communications	\checkmark			COPD CME presentation (honorarium)
Sanofi/Regeneron	\checkmark	✓		COPD Ad Board (honorarium and travel support)
Biogen			√	DSMB and Steering Committee without compensation
unovion	✓	✓		COPD Ad Board (honorarium and travel support)
- Teva	\checkmark	✓		COPD Ad Board (honorarium and travel support)
woXR			✓	teleconference without compensation
University of Birmingham Alabama	✓			IPF CME presentation (jonorarium and travel support)
JpToDate	✓			COPD and ILD CME enduring materia (honoraria)
/eracyte		√		IPF Steering Committee
/indico	√			IPF CME presentation (honorarium)
VebMD/MedScape	✓	✓		COPD CME presentations (honoraria and travel support)
Zambon		✓	✓	IPF Ad Board (travel support) and NIH study in kind supprot
		✓		COPD consultation and NIH study in kind support

Martinez 4



c .: =	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	wing relationships/conditions/circumstances are present (explain below): tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals 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. Martinez reports personal fees, non-financial support and other from AtraZeneca, other from Afferent/Merck, personal fees, non-financial support and other from Boheringer Ingelheim, other from Bristol Myers Squibb, other from Chiesi, personal fees and non-financial support from Canadian Respiratory Society, personal fees and non-financial support from CME Outfitters, personal fees and non-financial support from CSL Behring, personal fees from Dartmouth University, personal fees from France Foundation, personal fees from Gala, personal fees and non-financial support from Genentech, grants, personal fees, non-financial support and other from GlaxoSmithKline, personal fees and non-financial support from Inova Fairfax, personal fees and non-financial support from MDMagazine, personal fees and non-financial support from NYP Methodist Hospital Brooklyn, personal fees and non-financial support from Miller Communications, personal fees and nonfinancial support from National Association for Continuing Education, other from Nitto, personal fees and non-financial support from Novartis, personal fees from New York University, personal fees and non-financial support from Patara/ Respivant, personal fees from Pearl, personal fees and non-financial support from Peer View, personal fees from Physicians Education Resource, personal fees from ProMedior, personal fees and non-financial support from Rare Diseases Healthcare Communications, personal fees from Rockpointe Communications, personal fees and non-financial support from Sanofi/ Regeneron, other from Biogen, personal fees and non-financial support from Sunovion, personal fees and non-financial support from Teva, other from twoXR, personal fees from University of Birmingham Alabama, personal fees from UpToDate, non-financial support from Veracyte, personal fees from Vindico, personal fees and non-financial support from WebMD/ MedScape, non-financial support and other from Zambon, non-financial support from ProTerrix Bio, outside the submitted work.

Evaluation and Feedback

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Martinez 5



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.

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4. Intellectual Property.

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

Relationships not covered above.

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Nahid 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Musarrat	rst Name)	2. Surname (Last Name) Nahid	3. Date 14-April-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Parag Goyal	
5. Manuscript Title Clinical Characte	e eristics of COVID-19 in N	New York City		
6. Manuscript Ide 20-10419	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	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 Vo				
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Nahid 2



Section 5. Relationships not sovered above
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):
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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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Nahid has nothing to disclose.

Evaluation and Feedback

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Nahid 3



Instructions

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Pinheiro 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Laura	st Name)	2. Surname (Last Name) Pinheiro	3. Date 14-April-2020	
4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name Parag Goyal	
5. Manuscript Title Clinical Characte	ristics of COVID-19 in N	lew York City		
6. Manuscript Iden 20-10419	itifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the su statistical analysis, o	ubmitted work (including	but not limited to grants, do	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the	submitted work.	
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Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No	

Pinheiro 2



Section 5.			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):		
✓ No other rela	tionships/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 abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Pinheiro has	nothing to disclose.		

Evaluation and Feedback

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Pinheiro 3



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Royalties: Funds are coming in to you or your institution due to your patent

Rajan 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Mangala	rst Name)	2. Surname (Last Name) Rajan	3. Date 14-April-2020
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Parag Goyal
5. Manuscript Title Clinical Characte	eristics of COVID-19 in N	New York City	
6. Manuscript Ider 20-10419	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Rajan 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Cartinu C	
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Rajan has no	thing to disclose.

Evaluation and Feedback

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Rajan 3



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Reshetnyak 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Evgeniya	rst Name)	2. Surname (Last Name) Reshetnyak	3. Date 14-April-2020	
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Parag Goyal	
5. Manuscript Title Clinical Characte	eristics of COVID-19 in N	New York City		
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any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, bi	roadly relevant to the work? Yes V No	

Reshetnyak 2



Section 5. Relationships not severed above			
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):			
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Section 6. Disclosure Statement			
Disclosure Statement			
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.			
Dr. Reshetnyak has nothing to disclose.			

Evaluation and Feedback

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Reshetnyak 3



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Ringel 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Joanna	rst Name)	2. Surname (Last Name) Ringel	3. Date 13-April-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Parag Goyal
5. Manuscript Title Clinical Characte	eristics of COVID-19 in N	New York City	
6. Manuscript Ider 20-10419	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	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 Vo			
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Ringel 2



Section 5.			
Section 5.	Relationships not covered above		
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):		
✓ No other rela	ationships/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 abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Ringel has no	othing to disclose.		

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Ringel 3



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Safford 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Monika	2. Surname (Last Name) Safford	3. Date 14-April-2020
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Parag Goyal
5. Manuscript Title Clinical Characteristics of COVID-19 in N	New York City	
6. Manuscript Identifying Number (if you kr 20-10419	now it)	
		-
Section 2. The Work Under Co	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
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of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer est?	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Name of Entity	Grant? Personal Noi	n-Financial other? Comments
Amgen	✓	
Section 4. Intellectual Proper	rty Patents & Copyric	ghts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Safford 2



Section 5.				
Deculon 5.	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?			
Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest			
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
	1			
Section 6.	Disclosure Statement			
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Safford repo	rts grants from Amgen, outside the submitted work.			

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Safford 3



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Satlin 1



Section 1. Identifying Infor					
Identifying Infor	mation				
1. Given Name (First Name) Michael	2. Surname (Last Name) Satlin		3. Date 14-April-2020		
4. Are you the corresponding author?	☐ Yes 🗸 No	Yes ✓ No Corresponding Author's Name Parag Goyal			
5. Manuscript Title Clinical Characteristics of COVID-19 in	ianuscript Title ical Characteristics of COVID-19 in New York City				
6. Manuscript Identifying Number (if you 20-10419	know it)				
Section 2. The Work Under	Consideration for Publ	ication			
Did you or your institution at any time reany aspect of the submitted work (includi statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants, d		nt, commercial, private foundation, etc.) for dy design, manuscript preparation,		
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Name of Entity	Grant? Personal No	on-Financial Other	Comments		
	Fees?	Support •			
Achaogen			Consulting		
Shionogi			Consulting		
Merck	✓				
BioFire Diagnostics	✓				
Allergan	✓				

Satlin 2



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Schenck 1



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4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Parag Goyal
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Do you have any	patents, whether plan	ned, pending or issued, bi	roadly relevant to the work? Yes V No

Schenck 2



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Schenck 3



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Wehmeyer 1



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Wehmeyer 2



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