

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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Section 1. Identifying Information

1. Given Name (First Name) Daozheng	2. Surname (Last Name) Huang	3. Date 28-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chen Wei and Shouhong Wang
5. Manuscript Title Clinical features of severe patients infected with 2019 novel coronavirus: a systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) ATM-20-2124-R1		

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Dr. Huang has nothing to disclose.

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1. Given Name (First Name) Xingji	2. Surname (Last Name) Lian	3. Date 28-March-2020
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1. Given Name (First Name) Yuanfeng	2. Surname (Last Name) Liang	3. Date 28-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chen Wei and Shouhong Wang
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Yuanfeng

2. Surname (Last Name)
Liang

3. Date
28-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinical features of severe patients infected with 2019 novel coronavirus: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)
ATM-20-2124-R1

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 5. Relationships not covered above

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Liang has nothing to disclose.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tiehe	2. Surname (Last Name) Qin	3. Date 28-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chen Wei and Shouhong Wang
5. Manuscript Title Clinical features of severe patients infected with 2019 novel coronavirus: a systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) ATM-20-2124-R1		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Qin has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Wei

2. Surname (Last Name)
Chen

3. Date
28-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinical features of severe patients infected with 2019 novel coronavirus: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Chinese National Key Technology R and D Program, Ministry of Science and Technology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. 2017YFC0907601, No. 2017YFC0907602, and No. 2017YFC0907603, No. 2016YFC0906100, No. 2016YFC0906101 to W.C.
National Natural Science Foundation of China	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. 81970599 to W.C.
Guangzhou Municipal Program of Science and Technology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. 201804020049 to W.C.
Key Laboratory of National Health Commission, and Key Laboratory of Nephrology, Guangdong Province, Guangzhou, China	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. 2002B60118, 2017B030314019 to W.C.

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Dr. Chen reports grants from Chinese National Key Technology R and D Program, Ministry of Science and Technology, grants from National Natural Science Foundation of China, grants from Guangzhou Municipal Program of Science and Technology, grants from Key Laboratory of National Health Commission, and Key Laboratory of Nephrology, Guangdong Province, Guangzhou, China, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shouhong 2. Surname (Last Name) Wang 3. Date 28-March-2020

4. Are you the corresponding author? Yes No

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Clinical Key Specialty Construction Project of China	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2012-649, 2013-544 to S.H.W.
Medical Scientific Research Foundation of Guangdong Province	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A2018064 to S.H.W.

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