

#### Instructions

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### 1. Identifying information.

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| Continue 1   |                                |   |
|--|--------------------------------|---|
| Section 1. Identifying Inform                                  | nation                         |   |
| 1. Given Name (First Name)<br>Harmeet                          | 2. Surname (Last Name)<br>Bedi | 3. Date<br>21-April-2020  |
| 4. Are you the corresponding author?                           | Yes 🖌 No                       | Corresponding Author's Name<br>Haiwei Henry Guo   |
| 5. Manuscript Title<br>Radiology-Pathology correlation in reco | overed COVID-19, demon         | strating organizing pneumonia   |
| 6. Manuscript Identifying Number (if you kr                    | now it)                        |   |
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| Section 2. The Work Under C                                    | onsideration for Publi         | cation  |
|  | g but not limited to grants, d | n a third party (government, commercial, private foundation, etc.) for<br>ata monitoring board, study design, manuscript preparation, |

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

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | 🖌 No |  |
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Dr. Bedi has nothing to disclose.

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| Section 1. Identifying I                               | nformation                      |   |
|--|---------------------------------|---|
| 1. Given Name (First Name)<br>Gerald                   | 2. Surname (Last Name)<br>Berry | 3. Date<br>20-April-2020  |
| 4. Are you the corresponding autho                     | ? Yes 🖌 No                      | Corresponding Author's Name<br>Brian Pogatchnik   |
| 5. Manuscript Title<br>Radiology-Pathology correlation | in recovered COVID-19, demon    | strating organizing pneumonia.  |
| 6. Manuscript Identifying Number (i                    | you know it)                    |   |
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| Section 2. The Work Un                                 | der Consideration for Publi     | cation  |
|  |                                 | a a third party (government, commercial, private foundation, etc.) for<br>ata monitoring board, study design, manuscript preparation, |
| Are there any relevant conflicts o                     | interest? Yes 🖌 No              |   |
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| Section 3. Relevant fina                               | ncial activities outside the    | submitted work.   |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $ $  Yes $ $  Ve | levant to the work? Yes 🖌 No | Do you have any patents, whether planned, pending or issued, broadly rel |
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|---|--|-------------------------------|---------------------------|-----------------------------------|--|--|--|--|--|
| 1. Given Name (First<br>Haiwei  | Name)  | 2. Surname (Last Name)<br>Guo |                           | 3. Date<br>20-April-2020          |  |  |  |  |  |
| 4. Are you the corres   | ponding author?  | ✓ Yes No                      |                           |                                   |  |  |  |  |  |
| 5. Manuscript Title<br>Radiology-patholog   | gy correlation in reco   | overed COVID-19, demonstra    | ting organizing pneumo    | onia                              |  |  |  |  |  |
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| Section 2. T  | he Work Under Co   | onsideration for Publicat     | tion                      |                                   |  |  |  |  |  |
| Did you or your institution <b>at any time</b> 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 releva  | Are there any relevant conflicts of interest? $\checkmark$ Yes $\checkmark$ No |                               |                           |                                   |  |  |  |  |  |
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|--|---|--|
| 1. Given Name (First Name)<br>Brian  | 2. Surname (Last Name)<br>Pogatchnik                        | 3. Date<br>20-April-2020   |
| 4. Are you the corresponding author?   | Yes 🖌 No  | Corresponding Author's Name<br>H. Henry Guo MD PhD   |
| 5. Manuscript Title  |   |  |
| 6. Manuscript Identifying Number (if you kr<br>Radiology-Pathology correlation in reco |   |  |
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|--|-----------------------------------|---------------------------------|----------------------------------|
| 1. Given Name (First Name)<br>Husham   | 2. Surname (Last Name)<br>Sharifi |                                 | 3. Date<br>19-April-2020         |
| 4. Are you the corresponding author?   | Yes 🖌 No                          | Corresponding Author's Na       | me                               |
| 5. Manuscript Title<br>Radiology-Pathology correlation in rec  | covered COVID-19, demon           | strating organizing pneumo      | onia.                            |
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|  |                                   | _                               |                                  |
| Section 2. The Work Under (  |                                   |                                 |                                  |
| The work Under (   | Consideration for Publi           | cation                          |                                  |
| Did you or your institution <b>at any time</b> rec<br>any aspect of the submitted work (includir<br>statistical analysis, etc.)? |                                   |                                 |                                  |
| Are there any relevant conflicts of inte   | rest? Yes 🖌 No                    |                                 |                                  |
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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.

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

#### 5. Relationships not covered above.

Use this section to report 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.

#### **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.

Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued 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



| Section 1.   |                                 | - <b>4</b> :                |  |
|--|---------------------------------|-----------------------------|--|
|  | dentifying Informa              | ation                       |  |
| 1. Given Name (First Name)<br>Kai  |                                 | 2. Surname (Last Name)      | 3. Date  |
|  |                                 | Swenson                     | 19-April-2020  |
| 4. Are you the corresp   | oonding author?                 | Yes 🖌 No                    | Corresponding Author's Name  |
|  |                                 |                             | Haiwei Henry Guo   |
| 5. Manuscript Title  |                                 |                             | <b>/</b>   |
|  | gy correlation in reco          | vered COVID-19, demons      | trating organizing pneumonia   |
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| Section 2. The section of the sectio | he Work Under Co                | onsideration for Public     | cation   |
| Did you or your institu  | ution <b>at any time</b> receiv | ve payment or services from | a third party (government, commercial, private foundation, etc.) for |
|  | nitted work (including          |                             | ita monitoring board, study design, manuscript preparation,          |
| , ,  | ant conflicts of interes        | st? 🗌 Yes 🖌 No              |  |
|  |                                 |                             |  |
|  |                                 |                             |  |
| Section 3  |                                 |                             |  |

### Relevant financial activities outside the 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 | $\checkmark$ | No |
|---|--|-----|--------------|----|
|---|--|-----|--------------|----|

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



## 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. Swenson has nothing to disclose.

#### **Evaluation and Feedback**