

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
ALEXANDER JAMES

2. Surname (Last Name)
FOWLER

3. Date
31-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
LUCA CARENZO

5. Manuscript Title
COVID-19 phenotypes and potential harm of conventional treatments: how to prove the hypothesis

6. Manuscript Identifying Number (if you know it)
Blue-202004-1293LE

Section 2. The Work Under Consideration for Publication

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NATIONAL INSTITUTES OF HEALTH RESEARCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOCTORAL RESEARCH FELLOWSHIP

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 6. Disclosure Statement

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Dr. FOWLER reports grants from NATIONAL INSTITUTES OF HEALTH RESEARCH, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Luca

2. Surname (Last Name)

Carenzo

3. Date

31-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

COVID-19 phenotypes and potential harm of conventional treatments: how to prove the hypothesis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Carenzo has nothing to disclose.

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1. Given Name (First Name)
Ryan

2. Surname (Last Name)
Haines

3. Date
29-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Luca Carenzo

5. Manuscript Title
COVID-19 phenotypes and potential harm of conventional treatments: how to prove the hypothesis

6. Manuscript Identifying Number (if you know it)
Blue-202004-1293LE

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Dr. Haines has nothing to disclose.

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1. Given Name (First Name) Yize	2. Surname (Last Name) Wan	3. Date 29-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Luca Carenzo
5. Manuscript Title COVID-19 phenotypes and potential harm of conventional treatments: how to prove the hypothesis		
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