

ICMJE DISCLOSURE FORM

Date: 20.04.2021

Your Name: Natalie Jenny Frece

Manuscript Title: Risk stratification in hospitalized COVID-19 patients

Manuscript number (if known): JHEPAT-D-21-00577R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

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 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 20.04.2021

Your Name: Theresa Lind

Manuscript Title: Risk stratification in hospitalized COVID-19 patients

Manuscript number (if known): JHEPAT-D-21-00577R1

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Date: 19.4.2021

Your Name: Angela Horvath

Manuscript Title: Risk stratification in hospitalized COVID-19 patients

Manuscript number (if known): JHEPAT-D-21-00577R1

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ICMJE DISCLOSURE FORM

Date: 20.4.2021

Your Name: Vanessa Stadlbauer

Manuscript Title: Risk stratification in hospitalized COVID-19 patients

Manuscript number (if known): JHEPAT-D-21-00577R1

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ICMJE DISCLOSURE FORM

Date: 22/APR/2021
 Your Name: HERBERT WURZER
 Manuscript Title: Risk stratification in hospitalized COVID-19 patients
 Manuscript number (if known): JHEPAT-D-21-00577R1

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