

## ICMJE DISCLOSURE FORM

Date: Mar.23<sup>th</sup>, 2021  
 Your Name: Xi Yin  
 Manuscript Title: Long-term Chest CT Follow-up in COVID-19 Survivors: 102-361 Days after Onset  
 Manuscript number (if known): \_\_\_\_\_

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	_____ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____ None	
3	Royalties or licenses	_____ None	
4	Consulting fees	_____ None	
5	Payment or honoraria for	_____ None	

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

**Please summarize the above conflict of interest in the following box:**

None

**Please place an "X" next to the following statement to indicate your agreement:**

**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: Mar.23<sup>th</sup>, 2021  
 Your Name: Xiaqing Xi  
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## ICMJE DISCLOSURE FORM

Date: Mar.23<sup>th</sup>, 2021  
 Your Name: Xiangde Min  
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## ICMJE DISCLOSURE FORM

Date: Mar.23<sup>th</sup>, 2021  
 Your Name: Zhaoyan Feng  
 Manuscript Title: Long-term Chest CT Follow-up in COVID-19 Survivors: 102-361 Days after Onset  
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## ICMJE DISCLOSURE FORM

Date: Mar.23<sup>th</sup>, 2021  
 Your Name: Basen Li  
 Manuscript Title: Long-term Chest CT Follow-up in COVID-19 Survivors: 102-361 Days after Onset  
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## ICMJE DISCLOSURE FORM

Date: Mar.23<sup>th</sup>, 2021  
 Your Name: Wei Cai  
 Manuscript Title: Long-term Chest CT Follow-up in COVID-19 Survivors: 102-361 Days after Onset  
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## ICMJE DISCLOSURE FORM

Date: Mar.23<sup>th</sup>, 2021  
 Your Name: Chanyuan Fan  
 Manuscript Title: Long-term Chest CT Follow-up in COVID-19 Survivors: 102-361 Days after Onset  
 Manuscript number (if known): \_\_\_\_\_

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Date: Mar.23<sup>th</sup>, 2021  
 Your Name: Liang Wang  
 Manuscript Title: Long-term Chest CT Follow-up in COVID-19 Survivors: 102-361 Days after Onset  
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Date: Mar.23<sup>th</sup>, 2021  
 Your Name: Liming Xia  
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This work was supported by the Hubei Provincial Novel Pneumonia Emergency Science and Technology Project [grant no. 2020FCA021]; and the Huazhong University of Science and Technology Novel Coronavirus Pneumonia Emergency Science and Technology Project [grant no. 2020kfyXGYJ014].

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