

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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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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Other: Anything not covered under the previous three boxes

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Section 1. Identifying Information

1. Given Name (First Name)
Erin

2. Surname (Last Name)
Wilfong

3. Date
17-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Severity of Illness Scores at Presentation Predict ICU Admission and Mortality in COVID-19

6. Manuscript Identifying Number (if you know it)
JECCM-20-92-R1

Section 2. The Work Under Consideration for Publication

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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
National Heart Lung and Blood Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T32HL087738
National Center for Advancing Translational Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UL1TR000445

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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 No

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Dr. Wilfong reports grants from National Heart Lung and Blood Institute, grants from National Center for Advancing Translational Sciences, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Christine

2. Surname (Last Name)
Lovly

3. Date
17-September-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Erin Wilfong

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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 Cancer Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P30-CA086485

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
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not currently active
Xcovery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not currently active
Foundation Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member
Astra-Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member
Genoptix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member
Sequenom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member
Ariad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member
Blueprints Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member
Cepheid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member
Achilles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/Advisory board member

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lovly reports grants from National Cancer Institute, during the conduct of the study; grants from Novartis, grants from Xcovery, personal fees from Foundation Medicine, personal fees from Pfizer, personal fees from Novartis, personal fees from Astra-Zeneca, personal fees from Genoptix, personal fees from Sequenom, personal fees from Ariad, personal fees from Takeda, personal fees from Blueprints Medicine, personal fees from Cepheid, personal fees from Achilles, personal fees from Genentech, personal fees from Eli Lilly, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Erin

2. Surname (Last Name)

Gillaspie

3. Date

17-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Erin Wilfong

5. Manuscript Title

Severity of Illness Scores at Presentation Predict ICU Admission and Mortality in COVID-19

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Dr. Gillaspie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Li-Ching	2. Surname (Last Name) Huang	3. Date 17-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Erin Wilfong
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Yu

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Shyr

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Shyr 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)
Jonathan

2. Surname (Last Name)
Casey

3. Date
17-September-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Erin Wilfong

5. Manuscript Title
Severity of Illness Scores at Presentation Predict ICU Admission and Mortality in COVID-19

6. Manuscript Identifying Number (if you know it)
JECCM-20-92-R1

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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 Heart Lung and Blood Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K12HL133117, 2T32HL087738-12

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Dr. Casey reports grants from National Heart Lung and Blood Institute, 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) Brian 2. Surname (Last Name) Rini 3. Date 17-September-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Erin Wilfong

5. Manuscript Title
Severity of Illness Scores at Presentation Predict ICU Admission and Mortality in COVID-19

6. Manuscript Identifying Number (if you know it)
JECCM-20-92-R1

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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
National Center for Advancing Translational Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UL1TR000445

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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
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corvus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
GNE/Roche	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peloton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aveo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Astra-Zeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bristol-Meyers Squib	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aveo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Synthorx	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Peloton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Compugen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Surface oncology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
3D Medicines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Arravive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Alkerines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Dr. Rini reports grants from National Center for Advancing Translational Sciences, during the conduct of the study; grants from Pfizer, grants from Merck, grants from Corvus, grants from GNE/Roche, grants from Peloton, grants from Aveo, grants from Astra-Zeneca, grants from Bristol-Meyers Squibb, personal fees from Aveo, personal fees from Novartis, personal fees from Synthorx, personal fees from Peloton, personal fees from Compugen, personal fees from Surface oncology, personal fees from 3DMedicines, personal fees from Arravive, personal fees from Alkerines, outside the submitted work; .

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