

## 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.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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#### 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.

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**Pending:** The patent has been filed but not issued

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Louit

2. Surname (Last Name)  
Thakuria

3. Date  
10-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dr BV Patel

5. Manuscript Title

'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests'

6. Manuscript Identifying Number (if you know it)

Blue-202004-1412OC

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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 relevant conflicts of interest?  Yes  No

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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

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Dr. 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)<br>Paolo   | 2. Surname (Last Name)<br>Bianchi                                   | 3. Date<br>10-June-2020                      |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Brijesh Patel |
| 5. Manuscript Title<br>'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests' |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-202004-1412OC   |   |  |

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Sujal   | 2. Surname (Last Name)<br>Desai                                     | 3. Date<br>10-June-2020                           |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Dr Brijesh V Patel |
| 5. Manuscript Title<br>'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests' |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-202004-1412OC   |   |   |

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Dr. Desai 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)  
Anand

2. Surname (Last Name)  
Devaraj

3. Date  
10-June-2020

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests'

6. Manuscript Identifying Number (if you know it)  
Blue-202004-1412OC

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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 |
|----------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| Boehringer Ingelheim | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| GSK                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Galecto Biotech      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Galapagos            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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### 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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Dr. Devaraj reports personal fees from Boehringer Ingelheim, personal fees from GSK, personal fees from Galacto Biotech, personal fees from Galapagos, outside the submitted work; .

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### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Deepa   | 2. Surname (Last Name)<br>Jayakody Arachchillage                    | 3. Date<br>10-June-2020                           |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Dr Brijesh V Patel |
| 5. Manuscript Title<br>'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests' |   |   |
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Benjamin

2. Surname (Last Name)  
Garfield

3. Date  
10-June-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Brijesh Patel

5. Manuscript Title  
'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests'

6. Manuscript Identifying Number (if you know it)  
Blue-202004-1412OC

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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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. Garfield has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Stephane  | 2. Surname (Last Name)<br>Ledot                                     | 3. Date<br>10-June-2020                         |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Dr Brijesh Patel |
| 5. Manuscript Title<br>'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests' |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-202004-1412OC   |   |   |

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ledot 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)<br>Cliff   | 2. Surname (Last Name)<br>Morgan                                    | 3. Date<br>10-June-2020                      |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Brijesh Patel |
| 5. Manuscript Title<br>'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests' |   |  |
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Are there any relevant conflicts of interest?  Yes  No

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1. Given Name (First Name)  
Maurizio

2. Surname (Last Name)  
Passariello

3. Date  
10-June-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Brijesh Patel

5. Manuscript Title  
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Blue-202004-1412OC

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Brijesh      2. Surname (Last Name) Patel      3. Date 10-June-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests'

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?     Yes     No

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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 |
|------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| GSK                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Mermaid Care A/C                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| ESICM                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Royal Brompton & Harefield Charity | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| European Commission                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Academy of Medical Sciences        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Imperial College London Covid Fund | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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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**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)  
Susanna

2. Surname (Last Name)  
Price

3. Date  
10-June-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Brijesh Patel

5. Manuscript Title  
'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests'

6. Manuscript Identifying Number (if you know it)  
Blue-202004-1412OC

### Section 2. The Work Under Consideration for Publication

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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

---

### Section 5. Relationships not covered above

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Carole

2. Surname (Last Name)  
Ridge

3. Date  
10-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Brijesh V Patel

5. Manuscript Title

'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests'

6. Manuscript Identifying Number (if you know it)

Blue-202004-1412OC

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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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. Ridge has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Suveer  | 2. Surname (Last Name)<br>Singh                                     | 3. Date<br>10-June-2020                      |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Brijesh Patel |
| 5. Manuscript Title<br>'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests' |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-202004-1412OC   |   |  |

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Stephen John

2. Surname (Last Name)  
Wort

3. Date  
10-June-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Dr Brij Patel

5. Manuscript Title  
'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests'

6. Manuscript Identifying Number (if you know it)  
Blue-202004-1412OC

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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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 |
|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| Actelion Pharmaceuticals | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Bayer Pharmaceuticals    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| GSK                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| MSD                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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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Dr. Wort reports grants and personal fees from Actelion Pharmaceuticals, grants and personal fees from Bayer Pharmaceuticals, personal fees from GSK, personal fees from MSD, outside the submitted work; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Simon

2. Surname (Last Name)  
PADLEY

3. Date  
10-June-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Dr Brij PATEL

5. Manuscript Title  
'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests'

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### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. PADLEY 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)  
Sarah

2. Surname (Last Name)  
Trenfield

3. Date  
10-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Brijesh Patel

5. Manuscript Title

'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests'

6. Manuscript Identifying Number (if you know it)

Blue-202004-1412OC

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Are there any relevant conflicts of interest?  Yes  No

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Richard

2. Surname (Last Name)  
Trimlett

3. Date  
10-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dr. Brijesh V. Patel

5. Manuscript Title

'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests'

6. Manuscript Identifying Number (if you know it)

Blue-202004-1412OC

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Richard Trimlett 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)  
Christine

2. Surname (Last Name)  
Weaver

3. Date  
10-June-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Brijesh Patel

5. Manuscript Title  
'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests'

6. Manuscript Identifying Number (if you know it)  
Blue-202004-1412OC

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Tina

2. Surname (Last Name)

Xu

3. Date

25-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Brijesh Patel

5. Manuscript Title

Imaging and haematological evidence for in situ pulmonary vascular thrombosis in severe Covid-19 pneumonia

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>James   | 2. Surname (Last Name)<br>Doyle                                     | 3. Date<br>10-June-2020                      |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Brijesh Patel |
| 5. Manuscript Title<br>'Pulmonary angiopathy in severe Covid-19 pneumonia: evidence from physiologic, imaging and haematologic tests' |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>Blue-202004-1412OC   |   |  |

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Dr. Doyle has nothing to disclose.

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