

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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### Section 1. Identifying Information

1. Given Name (First Name) Zhifeng	2. Surname (Last Name) Liu	3. Date 24-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhengfei Yang and Qingyu Liu
5. Manuscript Title Investigation of a family cluster outbreak of COVID-19 indicates the necessity of CT screening for asymptomatic family members in close contact with confirmed patients		
6. Manuscript Identifying Number (if you know it) JTD-20-955-R1		

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Dr. Liu 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)

Qiwen

2. Surname (Last Name)

Wu

3. Date

24-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Zhengfei Yang and Qingyu Liu

5. Manuscript Title

Investigation of a family cluster outbreak of COVID-19 indicates the necessity of CT screening for asymptomatic family members in close contact with confirmed patients

6. Manuscript Identifying Number (if you know it)

JTD-20-955-R1

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### Section 1. Identifying Information

1. Given Name (First Name) Zhikang	2. Surname (Last Name) Zou	3. Date 24-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhengfei Yang and Qingyu Liu
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### Section 1. Identifying Information

1. Given Name (First Name) Yeping	2. Surname (Last Name) Yao	3. Date 24-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhengfei Yang and Qingyu Liu
5. Manuscript Title Investigation of a family cluster outbreak of COVID-19 indicates the necessity of CT screening for asymptomatic family members in close contact with confirmed patients		
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Dr. Yao has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

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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) Tao	2. Surname (Last Name) Liu	3. Date 24-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhengfei Yang and Qinyu Liu
5. Manuscript Title "Investigation of a family cluster outbreak of COVID-19 indicates the necessity of CT screening for asymptomatic family members in close contact with confirmed patients"		
6. Manuscript Identifying Number (if you know it) JTD-20-955-R1		

### 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

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

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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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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Liu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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".

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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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Zhengfei

2. Surname (Last Name)

Yang

3. Date

24-May-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Investigation of a family cluster outbreak of COVID-19 indicates the necessity of CT screening for asymptomatic family members in close contact with confirmed patients

6. Manuscript Identifying Number (if you know it)

JTD-20-955-R1

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Dr. Yang 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)

Qingyu

2. Surname (Last Name)

Liu

3. Date

24-May-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Investigation of a family cluster outbreak of COVID-19 indicates the necessity of CT screening for asymptomatic family members in close contact with confirmed patients

6. Manuscript Identifying Number (if you know it)

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