

*Indicates required information. Only first name, last name, and suffix will appear in PubMed.

Group Name(s):* COVID-19 Lombardy ICU Network							
First Name and Middle Initial(s)*	Last Name*	Suffix (eg, Jr, III)*	Academic Degrees	Institution	Location (city, state/province, country)	Role or Contribution, eg, chair, principal investigator	Group (if more than 1 Group listed in the byline) and/or Subgroup (eg, Steering Committee)
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