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Reporting Summary

Nature Research wishes to improve the reproducibility of the work that we publish. This form provides structure for consistency and transparency in reporting. For further information on Nature Research policies, see our Editorial Policies and the Editorial Policy Checklist.

For all statistical analyses, confirm that the following items are present in the figure legend, table legend, main text, or Methods section,

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n/a	Confirmed
	$oxed{\boxtimes}$ The exact sample size (n) for each experimental group/condition, given as a discrete number and unit of measurement
	🔀 A statement on whether measurements were taken from distinct samples or whether the same sample was measured repeatedly
	The statistical test(s) used AND whether they are one- or two-sided Only common tests should be described solely by name; describe more complex techniques in the Methods section.
	A description of all covariates tested
\boxtimes	A description of any assumptions or corrections, such as tests of normality and adjustment for multiple comparisons
	A full description of the statistical parameters including central tendency (e.g. means) or other basic estimates (e.g. regression coefficient) AND variation (e.g. standard deviation) or associated estimates of uncertainty (e.g. confidence intervals)
	For null hypothesis testing, the test statistic (e.g. <i>F</i> , <i>t</i> , <i>r</i>) with confidence intervals, effect sizes, degrees of freedom and <i>P</i> value noted <i>Give P values as exact values whenever suitable.</i>
\boxtimes	For Bayesian analysis, information on the choice of priors and Markov chain Monte Carlo settings
\boxtimes	For hierarchical and complex designs, identification of the appropriate level for tests and full reporting of outcomes
\boxtimes	Estimates of effect sizes (e.g. Cohen's d, Pearson's r), indicating how they were calculated
	Our web collection on statistics for biologists contains articles on many of the points above.

Software and code

Policy information about availability of computer code

Data collection

Data collection was performed by independent members of NYU Langone Health. The images were provided in DICOM format while the clinical data was provided in CSV files.

Data analysis

Python (3.6), PyTorch (1.1.0), torchvision (0.2.2), NumPy (1.14.3), SciPy (1.0.0), H5py (2.7.1), imageio (2.4.1), pandas (0.22.0), opency-python (3.4.2), tqdm (4.19.8), matplotlib (3.0.2), LightGBM (2.3.1). The custom code is provided in the shared repository. Details of the methodology can be found in the Methods section.

For manuscripts utilizing custom algorithms or software that are central to the research but not yet described in published literature, software must be made available to editors and reviewers. We strongly encourage code deposition in a community repository (e.g. GitHub). See the Nature Research guidelines for submitting code & software for further information.

Data

Policy information about <u>availability of data</u>

All manuscripts must include a <u>data availability statement</u>. This statement should provide the following information, where applicable:

- Accession codes, unique identifiers, or web links for publicly available datasets
- A list of figures that have associated raw data
- A description of any restrictions on data availability

The datasets analysed during the current study were collected and stored at NYU Langone Health. The data is not publicly available and restrictions apply to its use based on local ethical approvals.

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Please select the o	ne below that is the best fit for your research. If you are not sure, read the appropriate sections before making your selection.					
Life sciences	Behavioural & social sciences Ecological, evolutionary & environmental sciences					
For a reference copy of	the document with all sections, see <u>nature.com/documents/nr-reporting-summary-flat.pdf</u>					
l:f:-						
Life scier	nces study design					
All studies must dis	sclose on these points even when the disclosure is negative.					
Sample size	The final training and test datasets consisted of data collected from 3,661 patients, who tested positive for COVID-19 at NYU Langone Health, recorded between March 3 and May 15.					
Data exclusions	We excluded chest X-ray images that had missing radiology reports or patient encounter information to ensure data completeness, as well as chest X-ray images that were collected after a patient had experienced an adverse event, since deterioration had already occurred. We included patients who were discharged, and patients who had experienced in-hospital mortality, in order to obtain a full record of adverse events. We also manually checked for images of already intubated patients, and excluded them. In the test set, we only included images collected in the ED, and excluded images collected during inpatient encounters.					
Replication	All models were trained for several runs to ensure reproducibility and we reported the results of the ensemble of all models.					
Randomization	The data was randomly split into a training set (%) and a test set (%). The data from a single patient could only appear in the training set or test set.					
Blinding	This is not relevant to our study because the research team was not involved with the data collection process.					
Reportin	g for specific materials, systems and methods					
	ion from authors about some types of materials, experimental systems and methods used in many studies. Here, indicate whether each material, ted is relevant to your study. If you are not sure if a list item applies to your research, read the appropriate section before selecting a response.					
Materials & ex	perimental systems Methods					
n/a Involved in th	ne study n/a Involved in the study					
Antibodies	S ChIP-seq					
Eukaryotic	cell lines Flow cytometry					

Human research participants

Dual use research of concern

Palaeontology and archaeology

Animals and other organisms
Human research participants

Policy information about studies involving human research participants

Population characteristics

Clinical data

The data was collected in New York, USA. The training set consisted of 5,617 chest X-ray images collected from 2,943 unique patients, where 41.0% of patients were female with mean age (standard deviation) of 62.9 (17.2). The test set consisted of 832 chest X-ray images collected from 718 unique patients, where 42.5% of patients were female with mean age (standard deviation) of 64.9 (17.2).

Recruitment

This was a retrospective study and therefore no recruitment process was involved.

MRI-based neuroimaging

Ethics oversight

This study was approved by the Institutional Review Board at NYU Langone Health

Note that full information on the approval of the study protocol must also be provided in the manuscript.