

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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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Section 1.	Identifying Inform	nation	
1. Given Name (First Name) Jiangtao		2. Surname (Last Name) Lin	3. Effective Date (07-August-2008) 29-April-2019
4. Are you the cor	responding author?	✓ Yes No	
acting beta-2-ag	ne or in combination v	vith low-dose inhaled corticosteroids or low-dose in nt asthma in Chinese adults: real-world experience f now it)	_

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration (or Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		✓					×		
							ADD		

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					X
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					X
12. Travel/accommodations/						ADD
meeting expenses unrelated to activities listed**	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	ADD
Section 4. Other relationsh	nips					
Are there other relationships or activing potentially influencing, what you wro			•	to have influenced, or th	at give the appearance of	
✓ No other relationships/conditions	s/circum	stances th	nat present a p	otential conflict of intere	est	
Yes, the following relationships/c						
At the time of manuscript acceptance On occasion, journals may ask author						ments.
Hide All Ta	ble Row	s Checke	d 'No'	SAVE		



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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Zaiyi	2. Surname (Last Name) Wang	3. Effective Date (07-August-2008) 10-January-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Lin JT
	nt asthma in Chinese adu	ticosteroids or low-dose inhaled corticosteroids and long- lts: real-world experience from a multicenter, prospective,

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1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other	✓					×			
						ADD			

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1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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						ADD
8. Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
12 Travel/assamenadations/						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
Other (err on the side of full disclosure)	✓					X
* This means money that your institution ** For example, if you report a consultant Section 4. Other relations	cy above			ravel related to that consul		ADD
Other relations	nips					
Are there other relationships or active potentially influencing, what you wro			•	to have influenced, or th	at give the appearance of	
✓ No other relationships/condition	s/circum	stances th	nat present a p	otential conflict of intere	est	
Yes, the following relationships/o	condition	s/circums	tances are pre	sent (explain below):		
At the time of manuscript acceptanc	e, journa	ls will ask	authors to cor	nfirm and, if necessary, u	pdate their disclosure staten	nent

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Section 1. Identifying Infor	mation	
Given Name (First Name) Chen	2. Surname (Last Name) Qiu	3. Effective Date (07-August-2008 10-May-2019
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Jiangtao Lin
	ant asthma in Chinese adult	costeroids or low-dose inhaled corticosteroids and long- s: real-world experience from a multicenter, prospective,

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Qiu

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	1					×	
						ADD	
2. Consulting fee or honorarium	1					×	
						ADD	
Support for travel to meetings for the study or other purposes	1					×	
						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×	
						ADD	
Payment for writing or reviewing the manuscript	1					×	
the manuscripe						ADD	
Provision of writing assistance, medicines, equipment, or administrative support	V					×	



The Work Under Consideration for Publication									
Туре	No	Money Paid	Money to Your Institution*	Name of Entity	Comments**				
7. Other	~					ADD X			
						ADD			

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	V					
2. Consultancy	V					A
. Employment	V					-
. Expert testimony	V					1
. Grants/grants pending	V					1
Payment for lectures including service on speakers bureaus	~					
Payment for manuscript preparation	V					1



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comment
atents (planned, pending or sued)	~				
Royalties	V				
Payment for development of educational presentations	V				
. Stock/stock options	V				
Travel/accommodations/ meeting expenses unrelated to activities listed**	V				
Other (err on the side of full disclosure)					
This means money that your institution For example, if you report a consultan				el related to that cons	Itanov on this line

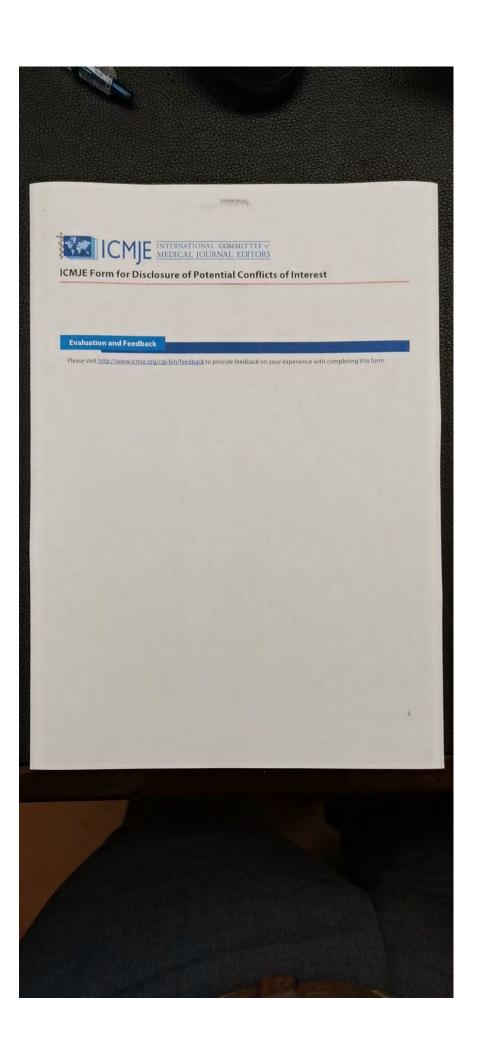
potentially influencing, what you wrote in the submitted work?

 $\boxed{\checkmark} \ \ \text{No other relationships/conditions/circumstances that present a potential conflict of interest}$

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Author Contribution Form



Date:

Manuscript Title: Montelukast alone or in combination with low-dose inhaled corticosteroids or low-dose inhaled corticosteroids and long-acting beta-2-agonists for cough variant asthma in Chinese adults: real-world experience from a multicenter, prospective, cohort study

Journal: European Respiratory Journal

Merck adheres to the ICMJE authorship criteria. Based on these guidelines, inclusion as an author requires that each co-author has contributed to all three of the major (numbered) criteria listed below. Please review the criteria and check each that apply. For publications that are not based on original research (reviews, meta-analyses, etc.), the contributions in section 1 refer to planning, gathering, and interpreting the information or ideas used in the paper.

By signing this form, I verify that my contributions were as follows:

1.	Substantially	contributed t	0	(at	least	one	1:

- Conceived, designed, or planned the study
- Collected or assembled the data
- V Performed or supervised analyses
- Interpreted the results

2. Substantially contributed to (at least one)

- Wrote sections of the initial draft
- Provided substantive suggestions for revision or critically reviewed subsequent iterations of the manuscript

3. Approval of the contents of the manuscript to be submitted

Reviewed and approved final version of the paper

4. Agreement to be accountable

 \(\sqrt{for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Other contributions

	Provision of study materials or patients
	Statistical expertise
•	Obtaining of funding
	Administrative, technical, or logistic support
•	Other





Author Contribution Form



By signing this form, I further verify that I had access to all the relevant study data and related analyses and vouch for the completeness and accuracy of the data presented. I also declare that all of my relevant financial or other potential conflicts of interest have been disclosed in the appropriate section(s) of the article.

wang Zhen

wany zhen 2019. 1:6

Name (printed or typed)

Signature and Date





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4. Are you the corresponding author?	Yes No	**************************************
5. Manuscript Title Montelukast alone or in combination acting beta-2-agonists for cough varia 6. Manuscript Identifying Number (if you	ant astrima in Chinese adults: real-world	r low-dose inhaled corticosteroids and long- experience from a multicenter, prospective,

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1. Grant	Ø								
2. Consulting fee or honorarium	\square					এটা ১১			
3. Support for travel to meetings for the study or other purposes	V					AED X			
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	7					ADD			
5. Payment for writing or reviewing the manuscript	S					ADIB.			
Provision of writing assistance, medicines, equipment, or administrative support	Ø					AVB(D)			



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Relevant financial activities ou	tside th	e submitte	ed work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution	Entity	Comments	
1. Board membership						×
2. Consultancy	V					ADD
3. Employment	abla					A(D)D 23
4. Expert testimony	\checkmark					AMDD X
5. Grants/grants pending	V					(d(d/A)
Payment for lectures including service on speakers bureaus	V					ANDID
Payment for manuscript preparation	V					ADD X

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Relevant financial activities out		Money	Money to					99		
alphabetical order)	No	Paid to You	hemman Theman	P	Entity	7		Cor	nmertis	
Patents (planned, pending or issued)	V									
9. Royalties	V									
Payment for development of educational presentations										
11. Stock/stock options	\square									
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	V									
13. Other (err on the side of full disclosure)	abla									
* This means money that your institution ** For example, if you report a consultanc	received	for your effo here is no n	orts. eed to repor	travel rel	atad to th		No. 3 and			<u>U</u>
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Section 4. Other relationsh								*		
Are there other relationships or activi potentially influencing, what you wro	ties that ite in the	readers co submitted	uld perceive I work?	to have	influenc	ed, or th	at giv	e the a	ppearar	ice of
No other relationships/conditions	/circums	tances tha	t present a	ntantial		r				
Yes, the following relationships/co	onditions	s/circumsta	ances are pr	esent (ex	conflict (plain bel	of intere	est			
At the time of manuscript acceptance On occasion, journals may ask authors	ioumale	e dae lliwa	uthore to co	eran o	1 16		odate ships.	their di	sclosure	: stateme
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Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Section 1.	Identifying Inform	mation	
1. Given Name (Fin	rst Name)	2. Surname (Last Name) JIANG	3. Effective Date (07-August-2008) 30-April-2019
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Lin Jiangtao
acting beta-2-ag	ne or in combination v	nt asthma in Chinese adul	icosteroids or low-dose inhaled corticosteroids and long- ts: real-world experience from a multicenter, prospective,

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	✓					×				
						ADD				
2. Consulting fee or honorarium	✓					×				
						ADD				
3. Support for travel to meetings for the study or other purposes	✓					×				
						ADD				
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×				
						ADD				
Payment for writing or reviewing the manuscript	✓					×				
						ADD				
Provision of writing assistance, medicines, equipment, or administrative support	✓					×				



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		✓					×	
							ADD	

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy	\checkmark					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	✓					×		
						ADD		
Payment for lectures including service on speakers bureaus	✓					×		
						ADD		
Payment for manuscript preparation	✓					×		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
Patents (planned, pending or issued)	✓					×		
						ADD		
9. Royalties	✓					X		
						ADD		
Payment for development of educational presentations	✓					×		
						ADD		
11. Stock/stock options	✓					×		
12 T 1/						ADD		
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×		
						ADD		
Other (err on the side of full disclosure)	✓					×		
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Section 4. Other relationsh	nips							
Are there 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?								
✓ No other relationships/conditions	circum	stances th	at present a p	otential conflict of intere	est			
Yes, the following relationships/conditions/circumstances are present (explain below):								
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.								
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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Huaping	2. Surname (Last Name) Tang	3. Effective Date (07-August-2008) 03-May-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Lin JT
	nt asthma in Chinese adul	ticosteroids or low-dose inhaled corticosteroids and long- ts: real-world experience from a multicenter, prospective,

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The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	✓					×			
						ADD			
2. Consulting fee or honorarium	✓					×			
						ADD			
3. Support for travel to meetings for the study or other purposes	✓					×			
						ADD			
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×			
						ADD			
Payment for writing or reviewing the manuscript	✓					×			
						ADD			
Provision of writing assistance, medicines, equipment, or administrative support	✓					×			



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You		Name of Entity	Comments**		
							ADD	
7. Other		✓					×	
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy	\checkmark					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	\checkmark					×		
						ADD		
Payment for lectures including service on speakers bureaus	✓					×		
						ADD		
Payment for manuscript preparation	✓					×		

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						ADD			
Patents (planned, pending or issued)	✓					×			
						ADD			
9. Royalties	✓					×			
						ADD			
Payment for development of educational presentations	✓					×			
						ADD			
11. Stock/stock options	✓					×			
10 T						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×			
						ADD			
13. Other (err on the side of full disclosure)	✓					×			
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Section 4. Other relationsh	nips								
Are there 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?									
✓ No other relationships/conditions	s/circum	stances th	nat present a p	otential conflict of intere	est				
Yes, the following relationships/c	Yes, the following relationships/conditions/circumstances are present (explain below):								
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.									
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Author Contribution Form



Date:

Manuscript Title: Montelukast alone or in combination with low-dose inhaled corticosteroids or low-dose inhaled corticosteroids and long-acting beta-2-agonists for cough variant asthma in Chinese adults: real-world experience from a multicenter, prospective, cohort study

Journal: European Respiratory Journal

Merck adheres to the ICMJE authorship criteria. Based on these guidelines, inclusion as an author requires that each co-author has contributed to all three of the major (numbered) criteria listed below. Please review the criteria and check each that apply. For publications that are not based on original research (reviews, meta-analyses, etc.), the contributions in section 1 refer to planning, gathering, and interpreting the information or ideas used in the paper.

By signing this form, I verify that my contributions were as follows:

٠	Sui	ostantially contributed to (at least one):
		Conceived, designed, or planned the study
		✓ Collected or assembled the data
		✓ Performed or supervised analyses
		Interpreted the results

2. Substantially contributed to (at least one)

- Wrote sections of the initial draft
- Provided substantive suggestions for revision or critically reviewed subsequent iterations of the manuscript

3. Approval of the contents of the manuscript to be submitted

Reviewed and approved final version of the paper

4. Agreement to be accountable

• v_for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Other contributions

	Provision of study materials or patients
•	Statistical expertise
•	Obtaining of funding
•	Administrative, technical, or logistic support
•	Other





Author Contribution Form



By signing this form, I further verify that I had access to all the relevant study data and related analyses and vouch for the completeness and accuracy of the data presented. I also declare that all of my relevant financial or other potential conflicts of interest have been disclosed in the appropriate section(s) of the article.

Name (printed or typed)

Signature and Date



Document No. 420-007 Version 2.0 Effective date: 01-MAR-2012

Page 2 of 2



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, Given Name (First Name)	2. Surname (Last Name)	3. Effective Date (07-August-2008
Wang	Xue Fen	
. Are you the corresponding author?	Yes No	
. Manuscript Title		
Iontelukast alone or in combination	with low-dose inhaled corticosteroids or	low-dose inhaled corticosteroids and long-
cting beta-2-agonists for cough varia . Manuscript Identifying Number (if you	ant asthma in Chinese adults: real-world	experience from a multicenter, prospective,

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The Work Under Consideration for Publication								
Турэ	Ņσ	Money Pard to You	Money to Your Institution?	Nameofathy	Gönnu वर्षाः ।			
1. Grant	V					1 X		
2. Consulting fee or honorarium						// // // // // // // // // // // // //		
3. Support for travel to meetings for the study or other purposes	V					2/ 2/ 2/(0/E)		
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 						5.4		
5. Payment for writing or reviewing the manuscript	W.					(4a)5		
Provision of writing assistance, medicines, equipment, or administrative support	V					(1 <u>1</u> 100)		



The Work Under Consideration for Publication									
Type	No.	Paid	Money to Your Institution	Name of Entity	Commanus 🖓				
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yee of Relationship (In alphabetica order)	No	Money Palento Von	Money (o - : Your Institution:	Entity	Comments
1. Board membership	\overline{V}				
2. Consultancy					
3. Employment	V				
4. Expert testimony	v				
5. Grants/grants pending	V				
6. Payment for lectures including service on speakers bureaus	V				
7. Payment for manuscript preparation	V				

^{**} Use this section to provide any needed explanation.



Relevant financial activities out:	side th	e submiti	ted work			- Constitution of the Cons	**************************************	inference Administration Copies Institute in 1 per consequent	
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8. Patents (planned, pending or issued)									A THE PROPERTY AND THE PARTY A
9. Royalties									
Payment for development of educational presentations	V								
1. Stock/stock options	J								
2. Travel/accommodations/meeting xpenses unrelated to activities sted**	V								
Other (err on the side of full lisclosure)									
*This means money that your institution i **For example, if you report a consultancy	eceived	for your effor	orts. eed to renor	travel re	lated to th	at consulta	ncy on th	vis line	
Section 4, Other relationsh Other relationsh Are there other relationships or activit potentially influencing, what you wrot	ies that	readers co	uld perceiv	199		ert von er			ance of
✓ No other relationships/conditions/				ootentia	l conflict	of Interest			
Yes, the following relationships/co	ndition	s/circumsta	ances are pi	esent (e:	xplain be	ow):			
At the time of manuscript acceptance, On occasion, journals may ask authors	journal to discl	s will ask a ose furthe	uthors to co r informatio	nfirm ar n about	nd, if nece reported	ssary, upd relationsh	ate thei ips,	r disclosu	ire statem
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Section 1.	Identifying Inform	mation		
Given Name (Fine Zhongmin	rst Name)	2. Surname (Last Name) Qiu		3. Effective Date (07-August-2008) 26-April-2019
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nam Jiangtao Lin	e
acting beta-2-ag	ne or in combination v	nt asthma in Chinese adult	costeroids or low-dose inhales: real-world experience from	9

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The Work Under Consideration for Publication										
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1. Grant	✓					×				
						ADD				
2. Consulting fee or honorarium	✓					×				
						ADD				
3. Support for travel to meetings for the study or other purposes	✓					×				
						ADD				
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×				
						ADD				
Payment for writing or reviewing the manuscript	✓					×				
						ADD				
Provision of writing assistance, medicines, equipment, or administrative support	✓					×				



The Work Under Consideration for Publication										
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
							ADD			
7. Other		✓					×			
							ADD			

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	✓					×			
						ADD			
2. Consultancy	\checkmark					×			
						ADD			
3. Employment	✓					×			
						ADD			
4. Expert testimony	✓					×			
						ADD			
5. Grants/grants pending	✓					×			
						ADD			
Payment for lectures including service on speakers bureaus	✓					×			
						ADD			
Payment for manuscript preparation	✓					×			

^{*} This means money that your institution received for your efforts on this study.

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Relevant financial activities outside the submitted work										
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments					
						ADD				
Patents (planned, pending or issued)	✓					×				
						ADD				
9. Royalties	✓					X				
						ADD				
Payment for development of educational presentations	✓					×				
						ADD				
11. Stock/stock options	✓					X				
12. Travel/accommodations/						ADD				
meeting expenses unrelated to activities listed**	✓					×				
						ADD				
Other (err on the side of full disclosure)	✓					×				
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	ADD				
Section 4. Other relationsh	nips									
Are there other relationships or activing potentially influencing, what you wro			•	to have influenced, or th	at give the appearance of					
✓ No other relationships/conditions	s/circum	stances th	nat present a p	otential conflict of intere	est					
Yes, the following relationships/c										
At the time of manuscript acceptance On occasion, journals may ask author						ments.				
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Evaluation and Feedback

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Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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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.



Section 1.	Identifying Infor	mation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) He		3. Effective Date (07-August-2008) 29-April-2019	
4. Are you the cor	I. Are you the corresponding author? Yes ✓ No		Corresponding Author's Name Lin Jiangtao		
acting beta-2-ag	ne or in combination v	nt asthma in Chinese adul		aled corticosteroids and long- om a multicenter, prospective,	

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	✓					×			
						ADD			
2. Consulting fee or honorarium	✓					×			
						ADD			
3. Support for travel to meetings for the study or other purposes	✓					×			
						ADD			
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					×			
						ADD			
Payment for writing or reviewing the manuscript	✓					×			
						ADD			
Provision of writing assistance, medicines, equipment, or administrative support	✓					×			



The Work Under Consideration for Publication										
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
							ADD			
7. Other		✓					×			
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Section 3. Relevant financial activities outside the submitted work.

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 submission.

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	✓					×			
						ADD			
2. Consultancy	✓					×			
						ADD			
3. Employment	✓					×			
						ADD			
4. Expert testimony	✓					×			
						ADD			
5. Grants/grants pending	✓					×			
						ADD			
Payment for lectures including service on speakers bureaus	✓					×			
						ADD			
Payment for manuscript preparation	✓					×			

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADI
8. Patents (planned, pending or issued)	✓					×
						ADI
9. Royalties	✓					×
						ADE
 Payment for development of educational presentations 	✓					×
						ADE
11. Stock/stock options	✓					×
12. Travel/accommodations/						ADE
meeting expenses unrelated to activities listed**	✓					×
						ADE
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultand				ravel related to that consul	tancy on this line.	ADI
Section 4. Other relations	hips					
Are there other relationships or activ potentially influencing, what you wro				to have influenced, or th	at give the appearance of	:
✓ No other relationships/condition	s/circum	stances th	nat present a po	otential conflict of intere	est	
Yes, the following relationships/c	ondition	s/circums	tances are pre	sent (explain below):		
At the time of manuscript acceptanc				firm and, if necessary, u about reported relation		ement

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Hide All Table Rows Checked 'No'



Evaluation and Feedback

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The Work Under Consideration for Publication										
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1. Board membership						
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. Consultancy						
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. Employment						
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I. Expert testimony						
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5. Grants/grants pending						
						A
5. Payment for lectures including service on speakers bureaus	d					A
7. Payment for manuscript preparation	V	П				

^{*} This means money that your institution received for your efforts on this study.

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Section 1. Identifying Info	rmation	
I. Given Name (First Name) Jimp My	2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes No	
	ant asthma in Chinese adults: real-world e	low-dose inhaled corticosteroids and long- experience from a multicenter, prospective,

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The Work Under Consideration to	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	Ø					X
2. Consulting fee or honorarium	Ø					ADD × ADD
3. Support for travel to meetings for the study or other purposes						×
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						ADD ×
5. Payment for writing or reviewing the manuscript						ADD
Provision of writing assistance, medicines, equipment, or administrative support						ADD ×



Hide All Table Rows Checked 'No'

Stock/stock options Travel/accommodations/ meeting expenses unrelated to activities listed** Other (err on the side of full disclosure) This means money that your institution received for your efforts. For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	issued)	ZÍ			
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	No other relationships/conditions/cir Yes, the following relationships/cond				est

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45

Other relationships.

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Section 1. Identifying Inform	ation		
1. Given Name (First Name)	2. Surname (Last Name)	Shi	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes No		·
Manuscript Title Montelukast alone or in combination w acting beta-2-agonists for cough varian Manuscript Identifying Number (if you kr	t asthma in Chinese adults		
Section 2. The Work Under G	onsideration for Public		

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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The Work Under Consideration f	or Pub	lication				
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1. Grant	∇					×< (4.64.7)
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Support for travel to meetings for the study or other purposes	ď					× (400)
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5. Payment for writing or reviewing the manuscript	\triangle					ADD
Provision of writing assistance, medicines, equipment, or administrative support						ADD



The Work Under Consideration	on for Pub	lication				
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Relevant financial activities outside the submitted work.

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Relevant financial activities out	side the	submitt	ed work		
Type of Relationship (in alphabetical order)	No	Money Paid to You		Entity	Comments
1. Board membership	Ø				X ADD
2. Consultancy	$oxed{oxed}$				X (ADD)
3. Employment	V				Example of the Control of the Contro
4. Expert testimony	V				ADD
5. Grants/grants pending	Ø				(49D) X
Payment for lectures including service on speakers bureaus					ADD ADD
7. Payment for manuscript preparation	\square				



Relevant financial activities outs	ide the	e submit	ted work	
Type of Relationship (in alphabetical order)	Ио	Money Paid to You	Money to Your Institution?	Entity Comments
8. Patents (planned, pending or issued)				ADD
9. Royalties	Ø			ADD ADD
Payment for development of educational presentations	∇			
11. Stock/stock options				ADD ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	\square			×
13. Other (err on the side of full disclosure)	A			(ADD)
* This means money that your institution ** For example, if you report a consultanc	received y above	for your ef there is no	forts. need to report travel	
Section 4. Other relationsh	lips	• The State	STAP TORING TORSES (ASSOCIATION)	
Are there other relationships or activi potentially influencing, what you wro	ties that te in the	t readers c e submitte	ould perceive to ha ed work?	ve influenced, or that give the appearance of
No other relationships/conditions				
At the time of manuscript acceptance On occasion, journals may ask author	e, journa s to disc	ls will ask lose furth	authors to confirm er information abo	and, if necessary, update their disclosure statements. ut reported relationships.
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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Date:

Author Contribution Form



Jo1 P. 5- P

Manuscript Title: Montelukast alone or in combination with low-dose inhaled corticosteroids or low-dose inhaled corticosteroids and long-acting beta-2-agonists for cough variant asthma in Chinese adults: real-world experience from a multicenter, prospective, cohort study

Journal: European Respiratory Journal

Merck adheres to the ICMJE authorship criteria. Based on these guidelines, inclusion as an author requires that each co-author has contributed to all three of the major (numbered) criteria listed below. Please review the criteria and check each that apply. For publications that are not based on original research (reviews, meta-analyses, etc.), the contributions in section 1 refer to planning, gathering, and interpreting the information or ideas used in the paper.

Provision of study materials or patients

Administrative, technical, or logistic support

Statistical expertise Obtaining of funding

Other _____

Зу	signing this form, I verify that my contributions were as follows:
١.	Substantially contributed to (at least one):
2.	 Conceived, designed, or planned the study Collected or assembled the data Performed or supervised analyses Interpreted the results Substantially contributed to (at least one)
	 Wrote sections of the initial draft V Provided substantive suggestions for revision or critically reviewed subsequent iterations of the manuscript
3.	Approval of the contents of the manuscript to be submitted
	 ✓ Reviewed and approved final version of the paper
4.	 Agreement to be accountable



Other contributions



Author Contribution Form



By signing this form, I further verify that I had access to all the relevant s	study data	a and
related analyses and vouch for the completeness and accuracy of the d	ata prese	nted. I
also declare that all of my relevant financial or other potential conflicts o	f interest	have
been disclosed in the appropriate section(s) of the article.	, P	~ P
been disclosed in the appropriate section(s) of the article. 600 CHAU SHZ Guschow SW	المحاص	2 - 1

Name (printed or typed)

Signature and Date





Page 2 of 2

Document No. 420-007 Version 2.0 Effective date: 01-MAR-2012



Instructions

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point committees, and the like

5. Payment for writing or reviewing

6. Provision of writing assistance,

medicines, equipment, or administrative support

the manuscript

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X

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name)	2. Su	rname (Last Name)		3. Effective Date (07-Augu	st-2008
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4. Are you the corresponding author?	XY			29.Apr, 2	019
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Relevant financial activities outside the submitted work						
Type of Relationship (In alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	X					×
						ADD
2. Consultancy	X					×
	_	_				ADD
3. Employment	X					×
4. Expert testimony	X			Į.		ADD X
5. Grants/grants pending	X					×
5. diams/grants perioning						ADD
Payment for lectures including service on speakers bureaus	K					×
						ADD
7. Payment for manuscript preparation	X					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Data to (alarmed pending or						AĐ
. Patents (planned, pending or issued)	X					AD
. Royalties	K					×
). Payment for development of						AD
educational presentations	X			**		AD
. Stock/stock options	X			.*		>
. Travel/accommodations/						All
meeting expenses unrelated to activities listed**	X					
3. Other (err on the side of full	4					Al
disclosure)	K		Ц	4		Al
This means money that your institutio * For example, if you report a consultar	n receive	d for your e	fforts.	ravel related to that cons	ultancy on this line.	1
* For example, ir you report a consulta	icy above	there is no	need to report			
Section 4. Other relations	ships					
Are there other relationships or actionships or actionships or actionships or actionships what you w	vities tha	at readers	could perceive	to have influenced, or	that give the appearance	of
	nelciecus	nstances t	hat present a p	otential conflict of inte	erest	

Hide All Table Rows Checked 'No'

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 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$



Author Contribution Form



Date:

Manuscript Title: Montelukast alone or in combination with low-dose inhaled corticosteroids or low-dose inhaled corticosteroids and long-acting beta-2-agonists for cough variant asthma in Chinese adults: real-world experience from a multicenter, prospective, cohort study

Journal: European Respiratory Journal

Merck adheres to the ICMJE authorship criteria. Based on these guidelines, inclusion as an author requires that each co-author has contributed to all three of the major (numbered) criteria listed below. Please review the criteria and check each that apply. For publications that are not based on original research (reviews, meta-analyses, etc.), the contributions in section 1 refer to planning, gathering, and interpreting the information or ideas used in the paper.

By signing this form, I verify that my contributions were as follows:

Su	ustantially contributed to (at least one):	
	Conceived, designed, or planned the study	
	✓ Collected or assembled the data	
	✓ Performed or supervised analyses	
	Interpreted the results	

2. Substantially contributed to (at least one)

- Wrote sections of the initial draft
- V Provided substantive suggestions for revision or critically reviewed subsequent iterations of the manuscript

3. Approval of the contents of the manuscript to be submitted

V Reviewed and approved final version of the paper

4. Agreement to be accountable

 <u>V</u> for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Other contributions

	Provision of study materials or patients
	Statistical expertise
	Obtaining of funding
•	Administrative, technical, or logistic support
•	Other





Author Contribution Form



By signing this form, I further verify that I had access to all the relevant study data and related analyses and vouch for the completeness and accuracy of the data presented. I also declare that all of my relevant financial or other potential conflicts of interest have been disclosed in the appropriate section(s) of the article.

Name (printed or typed)

Signature and Date



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Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.



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Other relationships.

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.



. Given Name (First Name) Youg	2. Surname (Last Name) Li Min	3. Effective Date (07-August-2008
Are you the corresponding author?	Yes No	
i. Manuscript Title Montelukast alone or in combinati	ion with low-dose inhaled corticosteroids or	low-dose inhaled corticosteroids and long- experience from a multicenter, prospective,

Section 2.

The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Pub	olication		- Contract	n 160	
. Туре	No	Money Paid to You	Money to Your Institution	Name of Entity	Commente **	
1, Grant	V					ZX (E)(G)(A)
2. Consulting fee or honorarium	V					AX AVDID
Support for travel to meetings for the study or other purposes						X AVDID
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					X
Payment for writing or reviewing the manuscript	V					ADD X
 Provision of writing assistance, medicines, equipment, or administrative support 	◩					A(D(B)



The Work Under Conside	ration for Pub		Money to			
Туре	No	Paid		Name of Entity	Comments***	
7. Other	Ø					AND X
*This means money that your in	ave are	¥0				AVDIT

Section 3.

Relevant financial activities outside the submitted work.

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	Νb	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	V					×		
2. Consultancy	V					AOO		
3. Employment	V					ADD X		
4. Expert testimony	V					A(D(D)		
5. Grants/grants pending	V					AVDO XX		
Payment for lectures including service on speakers bureaus	V					ABB		
7. Payment for manuscript preparation	V		П			ADD		

^{**} Use this section to provide any needed explanation.



	No	Money Paid to You	Money to Your Entity Comments Institution?
Patents (planned, pending or issued)			
). Royalties	V		
Payment for development of educational presentations			
1. Stock/stock options			
 Travel/accommodations/ meeting expenses unrelated to activities listed** 			
3. Other (err on the side of full disclosure)	V		
This means money that your institution * For example, if you report a consultan	icy above t	for your effo there is no no	orts. eed to report travel related to that consultancy on this line.
Section 4. Other relations	ities that	readers co	ould perceive to have influenced, or that give the appearance of
Are there other relationships or activotentially influencing, what you wr	ote in the	submitted	3 work?
Are there other relationships or activotentially influencing, what you wr	ote in the	submitted stances tha	ould perceive to have influenced, or that give the appearance of 3 work? It present a potential conflict of interest ances are present (explain below);



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1. Identifying information.

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4. Other relationships.

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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Chen		3. Effective Date (07-August-2008) 29-April-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nan Lin Jiangtao	ne
acting beta-2-ag	ne or in combination v	nt asthma in Chinese adul		led corticosteroids and long- m a multicenter, prospective,

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	✓					×		
						ADD		
2. Consulting fee or honorarium	✓					×		
						ADD		
3. Support for travel to meetings for the study or other purposes	✓					×		
						ADD		
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×		
						ADD		
5. Payment for writing or reviewing the manuscript	✓					×		
						ADD		
Provision of writing assistance, medicines, equipment, or administrative support	√					×		



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

Section 3. Relevant financial activities outside the submitted work.

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 submission.

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Relevant financial activities out	Relevant financial activities outside the submitted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	√					×
						ADD
3. Employment	√					×
						ADD
4. Expert testimony	√					×
						ADD
5. Grants/grants pending	√					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
10 T						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	ADD
Section 4. Other relationsh	nips					
Are there other relationships or activity potentially influencing, what you wro			•	to have influenced, or th	nat give the appearance of	
✓ No other relationships/conditions	s/circum	stances th	nat present a p	otential conflict of intere	est	
Yes, the following relationships/c	ondition	s/circums	tances are pre	sent (explain below):		
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.						ments.
				0.000		
Hide All Ta	ble Row	s Checke	d 'No'	SAVE		



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Wang		3. Effective Date (07-August-2008) 07-August-2008
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nat Lin Jiangtao	me
acting beta-2-ag	ne or in combination v	nt asthma in Chinese adu		aled corticosteroids and long- m a multicenter, prospective,

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other			√		MSD China	Employee salary	×
							ADD

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities out	Relevant financial activities outside the submitted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment		✓		MSD China		×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	√					×
						ADD
Payment for manuscript preparation	✓					×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADI
8. Patents (planned, pending or issued)	✓					×
						ADI
9. Royalties	✓					×
						ADE
 Payment for development of educational presentations 	✓					×
						ADE
11. Stock/stock options	✓					×
12. Travel/accommodations/						ADE
meeting expenses unrelated to activities listed**	✓					×
						ADE
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultand				ravel related to that consul	tancy on this line.	ADI
Section 4. Other relations	hips					
Are there other relationships or activ potentially influencing, what you wro				to have influenced, or th	at give the appearance of	:
✓ No other relationships/condition	s/circum	stances th	nat present a po	otential conflict of intere	est	
Yes, the following relationships/c	ondition	s/circums	tances are pre	sent (explain below):		
At the time of manuscript acceptanc				firm and, if necessary, u about reported relation		ement

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MAO 1



Section 1.	Identifying Infor	mation	
1. Given Name (F	irst Name)	2. Surname (Last Name) MAO	3. Effective Date (07-August-2008)
4. Are you the co	rresponding author?	☐ Yes ✓ No	Corresponding Author's Name
acting beta-2-ag	ne or in combination	ant asthma in Chinese adul	icosteroids or low-dose inhaled corticosteroids and long- ts: real-world experience from a multicenter, prospective,

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication						
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**	

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Section 3.

Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work

MAO 2

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
3. Employment		✓				×
						ADD
11. Stock/stock options		✓				×
						ADD

Cartina A		
Section 4.	Other relationships	
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?	
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest	
Yes, the follow	owing relationships/conditions/circumstances are present (explain below):	
	nanuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure stateme urnals may ask authors to disclose further information about reported relationships.	ents
	Show All Table Rows SAVE	

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MAO 3

^{*} This means money that your institution received for your efforts.

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.