ICMJE DISCLOSURE FORM

Date:	20, April, 2022_		
Your Name:	Jingxin Yan		_Manuscript
Title: Association Bet	een MBL2 Gene Polymorphism	and Rheumatic Fever: A Systematic Review and	d Meta-Analysis
Manuscript number (if kr	own):JXYM-21-39		
In the interest of transpa	ency, we ask you to disclose all r	elationships/activities/interests listed below t	hat are
related to the content of	our manuscript. "Related" mea	ns any relation with for-profit or not-for-profit	third
related to the content of	our manuscript. "Related" mea	• •	

parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
		.	
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:
Г			

None			

Please place an "X" next to the following statement to indicate your agreement:

_ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date:	20, April, 2022	
Your Name:	Manjun Deng	
Manuscript Title:	Association Between MBL2 Gene Polymorphism and Rheumatic Fever: A Systematic Revie	w and
Meta-Analysis		
Manuscript number	(if known):JXYM-21-39	

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	materials, drugs, medical		
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Date:	20, April, 2022	
Your Name:	Ting Li	
Manuscript Title:	Association Between MBL2 Gene Polymorphism and Rheumatic Fever: A Systemat	tic Review and
Meta-Analysis		
Manuscript numbe	r (if known):JXYM-21-39	

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