	e:2022///1		
You	r Name: Haima	an Ma	
Maı	nuscript Title: Pulmona	ry rehabilitation ameliora	tes regional lung function in chronic obstructive pulmonary
dise	ase: a prospective clinical s	tudy	
Maı	nuscript number (if known):		
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Consulting fees

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X_None		
	testimony			
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7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
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	committee or advocacy			
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Dat	e: 2022/7/1	4	
You	r Name: Meng	Dai	
Maı	nuscript Title: Pulmona	ry rehabilitation ameliora	tes regional lung function in chronic obstructive pulmonary
dise	ease: a prospective clinical s	tudy	
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2	Grants or contracts from	XNone	
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Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
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8	Patents planned, issued or	XNone	
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	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
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	committee or advocacy		
11	group, paid or unpaid	X None	
11	Stock or stock options	XNone	
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13	Other financial or non-	XNone	
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	r Name: Shuo		
Maı	nuscript Title: Pulmona	ry rehabilitation ameliora	ites regional lung function in chronic obstructive pulmonary
dise	ease: a prospective clinical st	tudy	
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	lectures, presentations,			
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	financial interests			
Plea	se summarize the above co	ntlict of interest in the foll	owing box:	
N	one.			

Date:	2022/7/1	.4	
Your Name:	Zhanq	i Zhao	
Manuscript Title:_	Pulmonai	ry rehabilitation ameliora	tes regional lung function in chronic obstructive pulmonary
disease: a prospec			
Manuscript numb	er (if known):		
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Royalties or licenses

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	· Name: Yan Z		
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13	Other financial or non-	X None	
	financial interests		
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Dat	e: 2022///12	*	
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Ma	nuscript Title: Pulmona	ry rehabilitation ameliora	tes regional lung function in chronic obstructive pulmonar
dise	ease: a prospective clinical st	tudy	
Ma	nuscript number (if known):		
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Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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11	Stock or stock options	XNone	
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	writing, gifts or other		
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	financial interests		
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Date	e: 2022/7/:	L4	
You	r Name: Lin Ya	ng	
Mar	nuscript Title: Pulmona	ry rehabilitation ameliorat	es regional lung function in chronic obstructive pulmonary
dise	ase: a prospective clinical st	:udy	
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1	All support for the present	XNone	
	manuscript (e.g., funding, provision of study materials,		
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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	in other board, society,		
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11	Stock or stock options	XNone	
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	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		
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Date	e: 2022/7/1	4	
You	· Name: Xinyu	Ti	
Man	uscript Title: Pulmona	ry rehabilitation ameliora	tes regional lung function in chronic obstructive pulmonary
dise	ase: a prospective clinical s	tudy	
Man	uscript number (if known):		
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	any entity (if not indicated		
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3	Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
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7	Support for attending	XNone		
	meetings and/or travel			
8	Patents planned, issued or	X None		
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	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
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	committee or advocacy			
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12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
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Date	e: 2022///	L4	
You	· Name: Shuoy	ao Qu	
Man	uscript Title: Pulmona	ry rehabilitation ameliora	tes regional lung function in chronic obstructive pulmonary
dise	ase: a prospective clinical st	tudy	
Man	uscript number (if known):		
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		relationship or indicate	institution)
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Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
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	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
	F		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
4.0	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	Please summarize the above conflict of interest in the following box:		
N	lone.		