Date: <u>July. 30th, 2022</u>		
Your Name: <u>Qinyuan Li</u>		
Manuscript Title: <u>Long-term effe</u>	cts of vitamin D on exacerbation rate, health care utilization, and	lung function in
children with asthma		
Manuscript number (if known):	ATM-22-2750	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third 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</u> <u>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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
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.	National Clinical Research Center for Child Health and Disorders (NCRCCHD- 2021-YP-01) Ministry of Education Key Laboratory of Child Development and Disorders (GBRP-202112)	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

I have received National Clinical Research Center for Child Health and Disorders (NCRCCHD-2021-YP-01) and Ministry of Education Key Laboratory of Child Development and Disorders (GBRP-202112) for this study.

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

Date: <u>July. 30th, 2022</u>	
Your Name: <u>Qi Zhou</u>	
Manuscript Title: Long-term effects of vitamin D on exacerbation rate, health care utilization, and lung function	<u>1 in</u>
children with asthma	
Manuscript number (if known): <u>ATM-22-2750</u>	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
0			
	testimony		
	-		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
	perioning		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
14		V. Nore	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Others first sight	V. No.	
13	Other financial or non-	X_None	
	financial interests		

None.

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

Date: July. 30 th , 2022	
Your Name: <u>Guangli Zhang</u>	
Manuscript Title: Long-term effects of vitamin D on exacerbation rate, health care utilization, and lung fur	<u>iction in</u>
children with asthma	
Manuscript number (if known): <u>ATM-22-2750</u>	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third 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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
0			
	testimony		
	-		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
	perioning		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
14		V. Nore	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Others fire an eight	V. No.	
13	Other financial or non-	X_None	
	financial interests		

None.

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

Date: July. 30 th , 2022	
Your Name: Xiaoyin Tian	
Manuscript Title: Long-term effects of vitamin D on exacerbation rate, health care utilization, and lung fur	<u>iction in</u>
children with asthma	
Manuscript number (if known): <u>ATM-22-2750</u>	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
0			
	testimony		
	-		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
	perioning		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
14		V. Nore	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Others fire an eight	V. No.	
13	Other financial or non-	X_None	
	financial interests		

None.

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

Date: July. 30 th , 2022	
Your Name: Yaolong Chen	
Manuscript Title: Long-term effects of vitamin D on exacerbation rate, health care utilization, and lung fun	<u>iction in</u>
children with asthma	
Manuscript number (if known): <u>ATM-22-2750</u>	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
0			
	testimony		
	-		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
	perioning		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
14		V. Nore	
11	Stock or stock options	XNone	
12	12 Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Others first sight	V. No.	
13	Other financial or non-	X_None	
	financial interests		

None.

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

Date: July. 30 th , 2022	
Your Name: Yupeng Cun	
Manuscript Title: Long-term effects of vitamin D on exacerbation rate, health care utilization, and lung fur	<u>iction in</u>
children with asthma	
Manuscript number (if known): <u>ATM-22-2750</u>	

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
0			
	testimony		
	-		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
	perioning		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
14		V. Nore	
11	Stock or stock options	XNone	
12	12 Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Others first sight	V. No.	
13	Other financial or non-	X_None	
	financial interests		

None.

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

Date:	July. 30 th , 2022		
Your N	ame: Ximing Xu		
Manus	cript Title: <u>Long-term effe</u>	cts of vitamin D on exacerbation rate, health care utilization, and	lung function in
<u>childre</u>	n with asthma		
Manus	cript number (if known):	ATM-22-2750	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

Date: July. 30 th , 2022	
Your Name: Zhengxiu Luo	
Manuscript Title: Long-term effects of vitamin D on exacerbation rate, health care utilization, and lung fur	<u>iction in</u>
children with asthma	
Manuscript number (if known): <u>ATM-22-2750</u>	

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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.	National Clinical Research Center for Child Health and Disorders (NCRCCHD- 2020-GP-05)	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

I have received National Clinical Research Center for Child Health and Disorders (NCRCCHD-2020-GP-05) for this study.

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