

## ICMJE DISCLOSURE FORM

Date: 2022.11.24  
 Your Name: Shiyi He  
 Manuscript Title: Predictors of asthma exacerbations and hospitalization: 3-year follow-up in a single Chinese center  
 Manuscript number (if known): \_\_\_\_\_

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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The author's relationships/activities/interests should be defined broadly. 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.

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		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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## ICMJE DISCLOSURE FORM

Date: 2022.11.24  
 Your Name: Wanmi Lin  
 Manuscript Title: Predictors of asthma exacerbations and hospitalization: 3-year follow-up in a single Chinese center  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022.11.24  
 Your Name: Jingjing Zhong  
 Manuscript Title: Predictors of asthma exacerbations and hospitalization: 3-year follow-up in a single Chinese center  
 Manuscript number (if known): \_\_\_\_\_

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Date: 2022.11.24  
 Your Name: Xiaoxia Zheng  
 Manuscript Title: Predictors of asthma exacerbations and hospitalization: 3-year follow-up in a single Chinese center  
 Manuscript number (if known): \_\_\_\_\_

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Date: 2022.11.24  
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 Manuscript Title: Predictors of asthma exacerbations and hospitalization: 3-year follow-up in a single Chinese center  
 Manuscript number (if known): \_\_\_\_\_

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 Manuscript Title: Predictors of asthma exacerbations and hospitalization: 3-year follow-up in a single Chinese center  
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