

Instructions

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Identifying information.

2. The work under consideration for publication.

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Royalties: Funds are coming in to you or your institution due to your patent

Sheng 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fir Yingyue			me (Last Name)			3. Date 20-March-	-2020	
4. Are you the corresponding author?		Yes	✓ No	-	Corresponding Author's Name Yuzheng Xue			
5. Manuscript Title The effect of 6-gingerol on inflammatory response and Th17/Treg balance in DSS-induced ulcerative colitis mice								
6. Manuscript Ider ATM-20-2248	ntifying Number (if you kn	ow it)						
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Section 2.	The Work Under Co	onsidera	tion for Publ	ication				
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Wuxi City Health and Commission	Family Planning	✓						
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Section 4.								
occion 4	Intellectual Proper	ty Pate	ents & Copyr	ights				
Do you have any	patents, whether plan	ned, pend	ing or issued, k	oroadly releva	ant to the w	vork? Yes	✓ No	

Sheng 2



Section 5.	
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	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
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Wu 1



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1. Given Name (Fi Tielong	rst Name)	2. Surnamo Wu	e (Last Name)		3. Date 20-March	-2020	
4. Are you the cor	responding author?	Yes	✓ No	Correspond Yuzheng	ding Author Xue	's Name		
5. Manuscript Title The effect of 6-g	e ingerol on inflammator	y response	and Th17/T	reg balance in	DSS-induc	ed ulcerative co	litis mice	
6. Manuscript Idei ATM-20-2248	ntifying Number (if you kr	ow it)						
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Name of Institut	ion/Company	Grant?	Personal N	Non-Financial Support [?]	Other?	Comments		
Wuxi City Health and Commission	Family Planning	✓						
Section 3.	Relevant financial		ماد ماد داد		ouls			
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Section 4.	Intellectual Proper	ty Paten	nts & Copy	rights				
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patent

Dai



Section 1. Identifying Inform	ation	
Given Name (First Name) Yuanyuan	2. Surname (Last Name) Dai	3. Date 20-March-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Yuzheng Xue
5. Manuscript Title The effect of 6-gingerol on inflammator	y response and Th17/Treg	g balance in DSS-induced ulcerative colitis mice
6. Manuscript Identifying Number (if you kn ATM-20-2248	ow it)	
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any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
	rmation below. If you hav	ve more than one entity press the "ADD" button to add a row.
Excess rows can be removed by pressing		et control
Name of Institution/Company	Grant	n-Financial Other? Comments
Nuxi City Health and Family Planning Commission	✓	
Section 3. Relevant financial a	activities outside the s	submitted work.
of compensation) with entities as descricking the "Add +" box. You should rep	bed in the instructions. Us port relationships that wer	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of intere	st? Yes ✓ No	
Section 4. Intellectual Proper	ty Patents & Copyric	ghts
Do you have any patents, whether plann	ned, pending or issued, br	roadly relevant to the work? Yes Vo

Dai 2



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Ji 1

patent



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1. Given Name (First Name) Ke	2. Surname (Last Name) Ji		3. Date 20-March-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title The effect of 6-gingerol on inflammato	ory response and Th17/Treg	ا balance in DSS-induc	ced ulcerative colitis mice
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If yes, please fill out the appropriate inf	formation below. If you hav	e more than one enti	ty press the "ADD" button to add a row.
Excess rows can be removed by pressing Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments
Wuxi City Health and Family Planning Commission	V		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re	ribed in the instructions. Use port relationships that wer	se one line for each en	itity; add as many lines as you need by
Are there any relevant conflicts of inter	rest? Yes ✓ No		
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Ji 2



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Zhong



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Dection 1.	Intellectual Proper	ty Pate	ents & Copyr	ights				
Do you have any	patents, whether plan	ned, pend	ing or issued, k	oroadly releva	ant to the w	vork? Yes	✓ No	

Zhong 2



Section F	
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Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether

earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Xue



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Yuzheng	2. Surname (Last Name) Xue	3. Date 20-March-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title The effect of 6-gingerol on inflammator	y response and Th17/Treg balance in DSS-indu	iced ulcerative colitis mice
6. Manuscript Identifying Number (if you kn ATM-20-2248	ow it)	
Section 2. The Work Under Co	onsideration for Publication	
any aspect of the submitted work (including statistical analysis, etc.)?	ve payment or services from a third party (governm but not limited to grants, data monitoring board, st	
Are there any relevant conflicts of interesting the appropriate infe	est?	ity proce the "ADD" button to add a row
Excess rows can be removed by pressing	· · · · · · · · · · · · · · · · · · ·	button to add a row.
Name of Institution/Company	Grant? Personal Non-Financial Other?	Comments
Nuxi City Health and Family Planning Commission		
Section 3. Relevant financial	activities outside the submitted work.	
of compensation) with entities as descri	n the table to indicate whether you have finance bed in the instructions. Use one line for each eleport relationships that were present during th est?	ntity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyrights	
Do you have any patents, whether plant	ned, pending or issued, broadly relevant to the	work? Yes V No

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Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Xue reports o	grants from Wuxi City Health and Family Planning Commission, during the conduct of the study; .

Evaluation and Feedback

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

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