Date:Ma	ar. 22 <sup>th</sup> , 2021
Your Name:	Qianwen Li
Manuscript Ti	tle:_The Preparation of Skin in-situ Immune Cell Detection Kit for the Diagnosis and Classification of
Cutaneous Lu <sub>l</sub>	ous Erythematosus_
Manuscript nu	umber (if known):ATM-21-959-R1

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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		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.	XNone	
		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	V. Name		
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
′	meetings and/or travel	^_None		
	meetings and or traver			
0	Datasets alarmed issued as	V. Nana		
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		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
4.4		V N		
11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
12	materials, drugs, medical			
	writing, gifts or other			
	services			
4.2		V N		
13	Other financial or non- financial interests	XNone		
	illianciai interests			
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:	
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	None.			
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Ple	ease place an "X" next to the	e following statement to in	ndicate vour agreement:	

Date:Mar. 22 <sup>th</sup> , 2021
our Name:Kaili Chen
Manuscript Title:_The Preparation of Skin in-situ Immune Cell Detection Kit for the Diagnosis and Classification of
Cutaneous Lupus Erythematosus_
Manuscript number (if known):ATM-21-959-R1

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	pending			
9	Participation on a Data	XNone		
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	Advisory Board			
10	Leadership or fiduciary role	XNone		
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	committee or advocacy group, paid or unpaid			
4.4		V N		
11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
12	materials, drugs, medical			
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4.2		V N		
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	None.			
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Ple	ease place an "X" next to the	e following statement to in	ndicate vour agreement:	

Date:Mar. 22 <sup>th</sup> , 2021
Your Name:Yueming Deng
Manuscript Title:_The Preparation of Skin in-situ Immune Cell Detection Kit for the Diagnosis and Classification of
Cutaneous Lupus Erythematosus_
Manuscript number (if known):ATM-21-959-R1

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	speakers bureaus,			
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6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
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9	Participation on a Data	XNone		
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10	Leadership or fiduciary role	XNone		
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11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
12	materials, drugs, medical			
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Ple	ease place an "X" next to the	e following statement to in	ndicate vour agreement:	

Date:Mar. 22 <sup>th</sup> , 2021
Your Name:Xiguang Liu
Manuscript Title:_The Preparation of Skin in-situ Immune Cell Detection Kit for the Diagnosis and Classification of
Cutaneous Lupus Erythematosus_
Manuscript number (if known):ATM-21-959-R1

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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	speakers bureaus,			
	manuscript writing or			
_	educational events	V. Name		
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
′	meetings and/or travel	^_None		
	meetings and or traver			
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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		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
4.4		V N		
11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
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13	Other financial or non- financial interests	XNone		
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Ple	ease place an "X" next to the	e following statement to in	ndicate vour agreement:	

Date:	Mar. 22 <sup>th</sup> , 2021
Your Name	Guozhang Ma
Manuscript	Title:_The Preparation of Skin in-situ Immune Cell Detection Kit for the Diagnosis and Classification of
Cutaneous	Lupus Erythematosus_
Manuscript	number (if known):ATM-21-959-R1

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_	educational events	V. Name		
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	testimony			
7	Support for attending	X None		
′	meetings and/or travel	^_None		
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	Safety Monitoring Board or			
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10	Leadership or fiduciary role	XNone		
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11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
12	materials, drugs, medical			
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4.2		V N		
13	Other financial or non- financial interests	XNone		
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	None.			
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Ple	ease place an "X" next to the	e following statement to in	ndicate vour agreement:	

Date:Mar. 22 <sup>th</sup> , 2021
Your Name:Jinrong Zeng
Manuscript Title:_The Preparation of Skin in-situ Immune Cell Detection Kit for the Diagnosis and Classification of
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Manuscript number (if known):ATM-21-959-R1
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	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Cumpout for attending	V N		
7	Support for attending	XNone		
	meetings and/or travel			
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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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11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	XNone		
	financial interests			
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PIE	Please summarize the above conflict of interest in the following box:			
	None.			
	INOTIC.			
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Date:Mar. 22 <sup>th</sup> , 2021
Your Name:Qianjin Lu
Manuscript Title:_The Preparation of Skin in-situ Immune Cell Detection Kit for the Diagnosis and Classification of
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Manuscript number (if known):ATM-21-959-R1
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5	Payment or honoraria for	XNone		
	lectures, presentations,			
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	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Cumpout for attending	V N		
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	meetings and/or travel			
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8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
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10	Leadership or fiduciary role	XNone		
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	financial interests			
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PIE	Please summarize the above conflict of interest in the following box:			
	None.			
	INOTIC.			
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Date:M	ar. 22 <sup>th</sup> , 2021
Your Name:_	Ming Zhao
Manuscript T	itle:_The Preparation of Skin in-situ Immune Cell Detection Kit for the Diagnosis and Classification of
Cutaneous Lu	pus Erythematosus_
Manuscript n	umber (if known):ATM-21-959-R1

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	manuscript writing or			
_	educational events	V. Name		
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
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8	Patents planned, issued or	XNone		
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9	Participation on a Data	XNone		
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	Advisory Board			
10	Leadership or fiduciary role	XNone		
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	committee or advocacy group, paid or unpaid			
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11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
12	materials, drugs, medical			
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13	Other financial or non- financial interests	XNone		
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	None.			
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Date:Mar. 22 <sup>th</sup> , 2021
Your Name:Haijing Wu
Manuscript Title:_The Preparation of Skin in-situ Immune Cell Detection Kit for the Diagnosis and Classification of
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4	Consulting fees	XNone	

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	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
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	meetings and/or travel			
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	Advisory Board			
10	Leadership or fiduciary role	XNone		
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12	Receipt of equipment,	X_None		
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	writing, gifts or other services			
	Other financial or non-	XNone		
	financial interests			
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PIE	Please summarize the above conflict of interest in the following box:			
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Da	te:Mar. 22 <sup>***</sup> , 2021	_				
Yo	ur Name:Jianyun Lu					
M	anuscript Title:_The Prepara	tion of Skin in-situ Immur	ne Cell Detection Kit for the Diagnosis and Classification of			
Cu	taneous Lupus Erythematos	us_				
M	anuscript number (if known)	):ATM-21-959-R1				
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•	-	<del>-</del>	of the manuscript. Disclosure represents a commitment			
		<u>-</u>	s. If you are in doubt about whether to list a			
re	ationship/activity/interest,	it is preferable that you d	o so.			
	•	to the author's relationsh	nips/activities/interests as they relate to the current			
ma	anuscript only.					
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In	item #1 below, report all su	pport for the work report	ed in this manuscript without time limit. For all other items,			
	e time frame for disclosure i		,			
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			_ <del>_</del>			
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as needed)				
		Time frame: Since the initi	al planning of the work			
		1	an planning of the Work			
1	All support for the present	XNone				
	manuscript (e.g., funding,					
	provision of study materials,					

Time frame: past 36 months

X\_\_None

\_X\_\_None

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medical writing, article processing charges, etc.)

No time limit for this item.

Grants or contracts from any entity (if not indicated

in item #1 above).

Consulting fees

Royalties or licenses

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5	Payment or honoraria for	XNone		
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	financial interests			
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PIE	Please summarize the above conflict of interest in the following box:			
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