Da	ate:	1 11	
	our Name: (Maoo	dao Wei	
		ctivation of CB2 receptor i	regulates Treg/Th17 balance to ameliorate neutrophilic asthma
	mice		
M	anuscript number (if known)	):	
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	ne following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to m In	the epidemiology of hypertoedication, even if that medic	ension, you should declar cation is not mentioned in pport for the work report	e defined broadly. For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive the manuscript.  The defined broadly. For example, if your manuscript pertains the manuscript with manufacturers of antihypertensive the manuscript.  The defined broadly. For example, if your manuscript pertains the manuscript with manufacturers of antihypertensive the manuscript.
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed)	
		Time frame: Since the initi	al planning of the work
	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.	None	
		Time frame: pas	st 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	None	
	Royalties or licenses	None	
	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None
6	educational events Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None
		onflict of interest in the following box: here are no competing interests.

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 1021.05. 2	8
Your Name: Lin Hu	Huang
Manuscript Title: Sele	ective activation of CB2 receptor regulates Treg/Th17 balance to ameliorate neutrophilic asthma
in mice	
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 <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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 initi	al 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.	None	
		Time frame: pas	st 36 months
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,	∆✓None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	ı∠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>↓</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
+ 8			
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:
Т	he author declares that the	nere are no competing in	terests.

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Da	ite: 2021.05,28		
	ur Name:	Yamae i Zhense	
		ctivation of CB2 receptor re	egulates Treg/Th17 balance to ameliorate neutrophilic asthma
	mice		
M	anuscript number (if known	):	
re pa to	lated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.
	e following questions apply anuscript only.	to the author's relationshi	ips/activities/interests as they relate to the current
to m	the epidemiology of hypert edication, even if that medic	ension, you should declare cation is not mentioned in a pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  Ed in this manuscript without time limit. For all other items,
		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 initia	planning of the work
	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.	None	
		Time frame: past	26 months
	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
i i	Royalties or licenses	None	
	Consulting fees	None	
	Consulting tees	Notic	

sp m ec 6 Pa te	ectures, presentations, peakers bureaus, nanuscript writing or ducational events ayment for expert estimony	None
6 Pate	nanuscript writing or ducational events ayment for expert	None
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7 Su		<u>∨</u> None
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111	upport for attending neetings and/or travel	<u>√</u> None
8 Pa	atents planned, issued or	<u>√</u> None
pe	ending	
9 Pa	Participation on a Data	_\_None
Sa	afety Monitoring Board or	
A	Advisory Board	
10 Le	Leadership or fiduciary role in other board, society,	<u>V</u> None
	ommittee or advocacy	
	roup, paid or unpaid	
11 St	tock or stock options	None
	Receipt of equipment, materials, drugs, medical	None
	riting, gifts or other ervices	
13 O	Other financial or non-	√_None
fir	financial interests	

The author declares that there are no competing interests.

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Da	nte: 2021, 05, 28		
Yo	our Name: Xingina Co	i i	
M	anuscript Title: Selective ac	ctivation of CB2 receptor i	regulates Treg/Th17 balance to ameliorate neutrophilic asthma
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M	anuscript number (if known	):	
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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.	None	
		Time frame: pas	at 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
1	Consulting fees	V None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	_1/_None	
7	Support for attending meetings and/or travel		
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_1/_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>V</u> None	
11	Stock or stock options	1/ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Ple	ease summarize the above c	onflict of interest in the following box:	
Т	The author declares that there are no competing interests.		

✓ I certify that I have answered every question and have not altered the wording of any of the questions on this form.