

ICMJE DISCLOSURE FORM

Date: Dec 21, 2021

Your Name: Na Li

Manuscript Title: Pedigree analysis of the *EGFR* p.V1010M germline mutation in a family with a family history of non-small-cell lung cancer

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

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 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.	Xudong Shen, Hushan Zhang, Xueke She and Dan Fu from 3D Medicines Inc offered their technical assistance in the operation of NGS detections and protein structure prediction	
Time frame: past 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, manuscript writing or educational events	____ None	
6	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	____ 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	

Please summarize the above conflict of interest in the following box:

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

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

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Date: Dec 21, 2021

Your Name: Chunyi Liu

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Your Name: Lan Xiong

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Your Name: Depei Huang

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13	Other financial or non-financial interests	Medical Department, 3D Medicines Inc.	

Please summarize the above conflict of interest in the following box:

The author is from the Medical Department, 3D Medicines Inc., and reports that Xudong Shen, Hushan Zhang, Xueke She and Dan Fu from 3D Medicines Inc offered their technical assistance in the operation of NGS detections and protein structure prediction.

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Your Name: Youfan Jiang

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