Da	te:18/DEC/2021							
Yo	ur Name:Jian_Wu							
Manuscript Title: Clinical and laboratory features of primary Sjögren's syndrome complicated with mild to severe								
<u>thı</u>	rombocytopenia							
Ma	anuscript number (if known)	:						
	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are							
			ans 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							
	-		If you are in doubt about whether to list a					
rei	lationship/activity/interest,	it is preferable that you do	\$0.					
Th	a following quartians apply	to the author's relationship	ps/activities/interests as they relate to the current					
	e ronowing questions apply anuscript only.	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>					
1116	anuscript omy.							
Th	e author's relationshins/act	ivities/interests should be	defined broadly. For example, if your manuscript pertains					
			all relationships with manufacturers of antihypertensive					
	edication, even if that medic		•					
	,							
In	item #1 below, report all su	pport for the work reporte	d in this manuscript without time limit. For all other items,					
	e time frame for disclosure i		•					
		1						
		Name all entities with	Specifications/Comments					
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)					
		none (add rows as	institution)					
		needed)						
		Time frame: Since the initial	planning of the work					
1	All support for the present	National Natural						
	manuscript (e.g., funding,	Science Foundation of						
	provision of study materials,	China (No.81771782).						
	medical writing, article	(= 1310 = 1 , 1 , 2 , 0 =).						
	processing charges, etc.)							
	No time limit for this item.							
		Time frame: past	36 months					
2	Grants or contracts from	_XNone						
	any entity (if not indicated							
	in item #1 above).							
3	Royalties or licenses	X_None						
4	Consulting for	V. Nana						
4	Consulting fees	_XNone						

Payment or honoraria for lectures, presentations,

speakers bureaus,

X

None

5

	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
	_		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
0	6	V N	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services	V N	
13	Other financial or non-	XNone	
	financial interests		

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

The author reports that this work was supported by grants from the National Natural Science Foundation of
China (No.81771782).

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.

Date:	12 /18	<u> 8/2021</u>							
Your I	Name:Cha	ng Xin							
Manu	script Title:_	<u>Clinical</u>	and laborato	<u>ry features o</u>	f primary	Sjögren's	syndrome	complicated	with
mild	to severe th	rombocy	topenia						
Manu	script numbe	er (if know	n):						

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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.)	National Natural Science Foundation of China (No.81801595)	
	No time limit for this item.		
		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	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None			
6	Payment for expert testimony	_X_None			
7	Support for attending meetings and/or travel	_X_None			
8	Patents planned, issued or pending	_X_None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None			
11	Stock or stock options	_X_None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None			
13	Other financial or non- financial interests	_X_None			
Dla	Please summarize the above conflict of interest in the following boy:				

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

The author reports that this work was supported by grants from the National Natural Science Foundation	of
China (No.81801595)	

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.

Date:December 18th 2021
Your Name:JIAN ZHANG
Manuscript Title:_Clinical and laboratory features of primary Sjögren's syndrome complicated with mild to
severe thrombocytopenia
Manuscript number (if known):

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		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.	None	
		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	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	√ None			
	testimony				
	,				
7	Support for attending	√ None			
-	meetings and/or travel				
		1			
8	Patents planned, issued or				
	pending				
		1			
9	Participation on a Data	√ _None			
	Safety Monitoring Board or				
	Advisory Board	1			
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid	√ None			
11	Stock or stock options	√None			
12	Receipt of equipment, materials, drugs, medical	√ None			
	writing, gifts or other				
	services				
13	Other financial or non-	√ None			
	financial interests				
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:		
	The author has no conflicts of interest to declare.				
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:		

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.

Date:	12 /18/2021
Your Nam	e: Cuiping Liu
Manuscrip	ot Title: <u>Clinical and laboratory features of primary Sjögren's syndrome complicated with mild</u>
to severe	thrombocytopenia
Manuscrip	ot 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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		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.	_ National Natural Science Foundation of China (No.81873876).	
		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	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	·		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
12	services		
13	Other financial or non- financial interests	None	
	illianciai iiiterests		

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

The author reports that this work was supported by grants from the National Natural Science Foundation of
China (No.81873876).

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.

Date:	December 18,2021
Your I	Name: Liu Mingxing
Manu	script Title: Clinical and laboratory features of primary Sjögren's syndrome complicated with
mild	to severe thrombocytopenia
Manu	script 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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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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X None	
Please summarize the above conflict of interest in the following box:			

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

The author has no conflicts of interest to declare.

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

Date: December 18th 2021				
Your Name: Weichang Chen				
Manuscript Title: Clinical and laboratory features of primary Sjögren's syndrome complicated with mild to severe				
thrombocytopenia				
Manuscript number (if known):				

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Constant for attending	V Name	
/	Support for attending meetings and/or travel	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	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		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
	Please summarize the above conflict of interest in the following box: The author has no conflicts of interest to declare.		

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