| Date:June 20, 2022 | |
|---|--|
| Your Name:Kathy J Du | |
| Manuscript Title:)special series- Insights from the reporting guidelines | |
| Manuscript number (if known): ATM-2022-42 | |

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|---|---|---|---|
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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 lectures, presentations, speakers bureaus, manuscript writing or | XNone | |
|----|---|---------|--|
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| - | Command for additional line | V None | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | meetings and/or travel | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | V. Nana | |
| 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, | X_None | |
| | materials, drugs, medical | | |
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| Manuscript Title:)special series- Insights from the reporting guidelines |
| Manuscript number (if known): ATM-2022-42 |

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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. | 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 | X_None | |
| 4 | Consulting fees | XNone | |

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|-----|--|------------------------|--|
| | | | |
| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | 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 | | |
| | | | |
| 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 | X None | |
| 11 | Stock of Stock options | XNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | X_NOTIC | |
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| Date: | _June 20, 2022 | |
|-------------------|--------------------------|-------------------------------|
| Your Name: | Kaiping Zhang | |
| Manuscript Title: | special series- Insights | from the reporting guidelines |
| Manuscript numbe | er (if known):ATM-22 | -42 |
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| 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 meetings and/or travel | None | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | None | | |
| | | | | |
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| 12 | Receipt of equipment, | None | | |
| | materials, drugs, medical | | | |
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| Your Name: Yao Lin Manuscript Title: special series- Insights from the reporting guidelines | |
|--|---|
| Manuscript Title:special series- Insights from the reporting guidelines | _ |
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| Manuscript number (if known):ATM-2022-42 | |

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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None None | |
| | any entity (if not indicated | None | |
| _ | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |
| 5 | | None | |

| | Payment or honoraria for | | |
|-----|---------------------------------------|-------------------------------|---|
| | 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 | · · · · · · · · · · · · · · · · · · · | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | Yes | I work full-time as Academic Editor of AME Publishing |
| | financial interests | | Company, publisher of <i>Annals of Translational Medicine</i> . |
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| Ple | ease summarize the above co | nflict of interest in the fol | lowing box: |
| | | CANAL D. L. L. C. | 11:1 CA / CT / .: / / / |
| | I work full-time as Academic Edit | tor of AME Publishing Compa | ny, publisher of Annals of Translational Medicine. |
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| Date: | Jun. 20 th , 2022 |
|------------|--|
| Your Name | : Fanghui Yang |
| Manuscript | : Title:special series- Insights from the reporting guidelines |
| Manuscript | number (if known):ATM-2022-42 |

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| | | Time frame: Since the initia | planning of the work |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None None | |
| | any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| <i>J</i> | Novatices of incerises | None | |
| 4 | Consulting fees | None | |
| 5 | | None | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or 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 | 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 | Yes | I work full-time as Academic Editor of AME Publishing Company, publisher of <i>Annals of Translational Medicine</i> . |
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Date: 16th June 16, 2022 Your Name: Diana Elbourne

Manuscript Title: special series- Insights from the reporting guidelines

Manuscript number (if known): ATM-2022-42

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

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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 | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | 36 months |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | |
|----|---|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | News | |
| 6 | Payment for expert testimony | None | |
| | testimony | | |
| 7 | Support for attending | None | |
| - | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | 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- | None | |
| 10 | financial interests | 110110 | |
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