

ICMJE DISCLOSURE FORM

Date: 09/27/2022

Your Name: Lan Li

Manuscript Title: Effectiveness of polyvalent bacterial lysate for pediatric asthma control: A retrospective propensity score-matched cohort study

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.	Science and Technology Program of Jiangxi Provincial Health Commission	No. SKJP220210802
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	

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:

Lan Li received the funding of Science and Technology Program of Jiangxi Provincial Health Commission (No. SKJP220210802).

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.

ICMJE DISCLOSURE FORM

Date: September 27, 2022

Your Name: Jian Li

Manuscript Title: Effectiveness of polyvalent bacterial lysate for pediatric asthma control: A retrospective propensity score-matched cohort study

Manuscript number (if known): _____

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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	
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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:

None.

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

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ICMJE DISCLOSURE FORM

Date: September 27, 2022

Your Name: Cilang Hu

Manuscript Title: Effectiveness of polyvalent bacterial lysate for pediatric asthma control: A retrospective propensity score-matched cohort study

Manuscript number (if known): _____

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3	Royalties or licenses	None	
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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:

None.

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.

ICMJE DISCLOSURE FORM

Date: 09/15/2022

Your Name: Matteo Di Nardo

Manuscript Title: Effectiveness of polyvalent bacterial lysate for pediatric asthma control: A retrospective propensity score-matched cohort study

Manuscript number (if known): _____

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3	Royalties or licenses	_____ None	
4	Consulting fees	_____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> Yes	Eurosets Srl. Medolla Modena Italy
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

Advisory member for Eurosets Srl. Medolla Modena Italy

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.

ICMJE DISCLOSURE FORM

Date: September 15, 2022

Your Name: Vijay Srinivasan

Manuscript Title: Effectiveness of polyvalent bacterial lysate for pediatric asthma control: A retrospective propensity score-matched cohort study

Manuscript number (if known): _____

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

ICMJE DISCLOSURE FORM

Date: September 15, 2022

Your Name: Darryl Adamko

Manuscript Title: Effectiveness of polyvalent bacterial lysate for pediatric asthma control: A retrospective propensity score-matched cohort study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: September 27, 2022

Your Name: Junying Sun

Manuscript Title: Effectiveness of polyvalent bacterial lysate for pediatric asthma control: A retrospective propensity score-matched cohort study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: September 27, 2022

Your Name: Yun Du

Manuscript Title: Effectiveness of polyvalent bacterial lysate for pediatric asthma control: A retrospective propensity score-matched cohort study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: September 27, 2022

Your Name: Xiangni Zeng

Manuscript Title: Effectiveness of polyvalent bacterial lysate for pediatric asthma control: A retrospective propensity score-matched cohort study

Manuscript number (if known): _____

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