Date:____1/22/2023_

Your Name: <u>Cong Li</u>

Manuscript Title: <u>The upregulation of peripheral blood polyamine metabolites spermidine and spermine</u> <u>in children with hand, foot, mouth disease is related to enterovirus 71 capsid protein VP1, but not VP4</u> Manuscript number (if known):_____

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	study materials, medical		
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	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	√_None	
	any entity (if not indicated		

	in item #1 above).	
3	Royalties or licenses	None
4	Consulting fees	None
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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	None
	or pending	
9	Participation on a Data	None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary	√ None
	role 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-	None
	financial interests	

I has no conflicts of interest to declare

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

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Date:____1/22/2023_

Your Name: Weijian Zhang

Manuscript Title: <u>The upregulation of peripheral blood polyamine metabolites spermidine and spermine</u> <u>in children with hand, foot, mouth disease is related to enterovirus 71 capsid protein VP1, but not VP4</u> Manuscript number (if known):_____

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Date:____1/22/2023_

Your Name: Xiaodan Chang

Manuscript Title: <u>The upregulation of peripheral blood polyamine metabolites spermidine and spermine</u> <u>in children with hand, foot, mouth disease is related to enterovirus 71 capsid protein VP1, but not VP4</u> Manuscript number (if known):_____

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Date:____1/22/2023_

Your Name: Xiaohua Di

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Date:____1/22/2023_

Your Name: <u>Qi Xie</u>

Manuscript Title: <u>The upregulation of peripheral blood polyamine metabolites spermidine and spermine</u> <u>in children with hand, foot, mouth disease is related to enterovirus 71 capsid protein VP1, but not VP4</u> Manuscript number (if known):_____

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Date:____1/22/2023_

Your Name: <u>Bihua Lin</u>

Manuscript Title: <u>The upregulation of peripheral blood polyamine metabolites spermidine and spermine</u> <u>in children with hand, foot, mouth disease is related to enterovirus 71 capsid protein VP1, but not VP4</u> Manuscript number (if known):_____

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Date:____1/22/2023_

Your Name: <u>Hui Zhang</u>

Manuscript Title: <u>The upregulation of peripheral blood polyamine metabolites spermidine and spermine</u> <u>in children with hand, foot, mouth disease is related to enterovirus 71 capsid protein VP1, but not VP4</u> Manuscript number (if known):_____

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Date:____1/22/2023_

Your Name: <u>Ziyu Ye</u>

Manuscript Title: <u>The upregulation of peripheral blood polyamine metabolites spermidine and spermine</u> <u>in children with hand, foot, mouth disease is related to enterovirus 71 capsid protein VP1, but not VP4</u> Manuscript number (if known):_____

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Date:____1/22/2023_

Your Name: Minsheng Lan

Manuscript Title: <u>The upregulation of peripheral blood polyamine metabolites spermidine and spermine</u> <u>in children with hand, foot, mouth disease is related to enterovirus 71 capsid protein VP1, but not VP4</u> Manuscript number (if known):_____

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Date:____1/22/2023_

Your Name: Jiachun Lian

Manuscript Title: <u>The upregulation of peripheral blood polyamine metabolites spermidine and spermine</u> <u>in children with hand, foot, mouth disease is related to enterovirus 71 capsid protein VP1, but not VP4</u> Manuscript number (if known):_____

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6	Payment for expert	√None	
	testimony		
7	Support for attending	√None	
	meetings and/or travel		
8	Patents planned, issued	√None	
	or pending		
9	Participation on a Data	√None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	√ None	
	role 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-	√ None	
	financial interests		

I has no conflicts of interest to declare.

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:____1/22/2023_

Your Name: Hailiang Zhang

Manuscript Title: <u>The upregulation of peripheral blood polyamine metabolites spermidine and spermine</u> <u>in children with hand, foot, mouth disease is related to enterovirus 71 capsid protein VP1, but not VP4</u> 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

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<u>manuscript</u> only.

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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,

		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)
	Ti	me frame: Since the initia	I 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	√None	
	item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	√_None	

	in item #1 above).		
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	√_None	
	or pending		
-			
9	Participation on a Data	√None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	√ None	
	role 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-	√ None	
	financial interests		

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Date:____1/22/2023_

Your Name: Xianxiu Qiu

Manuscript Title: <u>The upregulation of peripheral blood polyamine metabolites spermidine and spermine</u> <u>in children with hand, foot, mouth disease is related to enterovirus 71 capsid protein VP1, but not VP4</u> Manuscript number (if known):_____

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	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	√_None	
	any entity (if not indicated		

	in item #1 above).		
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	√_None	
	or pending		
-			
9	Participation on a Data	√None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	√ None	
	role 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-	√ None	
	financial interests		

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Date:____1/22/2023_

Your Name: Jincheng Zeng

Manuscript Title: <u>The upregulation of peripheral blood polyamine metabolites spermidine and spermine</u> <u>in children with hand, foot, mouth disease is related to enterovirus 71 capsid protein VP1, but not VP4</u> Manuscript number (if known):_____

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	Time frame: Since the initial planning of the work			
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		Medical University	
		Medical Science	
		Foundation of	
		Guangdong Province	
		Guangdong Medical	
		University Student	
		Innovation Experimental	
		Project	
		Guangzhou Health	
		Technology Project	
		Guangdong Province	
		Science and Technology	
		Innovation Strategy	
		Special Fund.	
		Time frame: past	36 months
2	Grants or contracts from	√_None	
	any entity (if not indicated		
	in item #1 above).		
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	
1	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued	√None	
	or pending		
9	Participation on a Data	√None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	√_None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
44	unpaid Stock or stock options	None	
11	Stock or stock options	√None	
12	Receipt of equipment,	√None	

	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

Since the initial planning of the work, this study was supported by grants from the Natural Science Foundation of Guangdong Province, Guangzhou Health Technology Project, the Characteristic Innovation Experimental Project of Ordinary Universities in Guangdong Province, the Discipline Construction Project of Guangdong Medical University, the Medical Science Foundation of Guangdong Province, the Guangdong Medical University Student Innovation Experimental Project, and the Guangdong Province Science and Technology Innovation Strategy Special Fund.

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Date:____1/22/2023_

Your Name: Mingyuan Huang

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3	Royalties or licenses	√_None	
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	testimony		
7	Support for attending	√None	
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8	Patents planned, issued	√None	
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-			
9	Participation on a Data	√None	
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10	Leadership or fiduciary	√ None	
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