| Date: 03/09/ | 2023 |
|--------------|--|
| Your Name: _ | Peigi Huang |
| Manuscript T | itle: Trimethoprim-Sulfamethoxazole-Induced Lung Injury: A case report |
| Manuscript n | umber (if known): TP-23-383 |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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 | |
| | | | |

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.

| Date: | 6 September 2023 |
|-----------|--|
| Your Nam | ne: Kai Qian Kam |
| Manuscrip | pt Title: Trimethoprim-Sulfamethoxazole-Induced Lung Injury: A case report |
| Manuscrip | pt number (if known): TP-23-383 |

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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| | | 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. | 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 | |

| 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 | XNone | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
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| 0 | Dauticio atico au a Data | V. Name | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | |
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| 40 | Advisory Board | Y N | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
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| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X_None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | - | |
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| Plea | ise summarize the above co | nflict of interest in the follo | owing box: |
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| N | one. | | |
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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.

| Date: <u>06/09/</u> | 2023 | | | | |
|---------------------|-------------------------------|---------------------|---------------------------|----------|--|
| Your Name: _ | Yi Hua Tan | | | | |
| Manuscript T | itle: <u>Trimethoprim-S</u> ı | ulfamethoxazole-Inc | duced Lung Injury: A case | ereport | |
| Manuscript n | umber (if known): | TP-23-383 | | <u> </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. | _X_None | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: past _X_None | 36 months |
| 3 | Royalties or licenses | _X_None | |
| 4 | Consulting fees | _X_None | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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 | |
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Please summarize the above conflict of interest in the following box:

| None. | | | |
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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.

| Date: <u>Sept 5th, 2023</u> | |
|--|---|
| Your Name: May Ping Lee | |
| Manuscript Title: Trimethoprim-Sulfamethoxazole-Induced Lung Injury: A case report | |
| Manuscript number (if known): TP-23-383 | - |

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 <u>current</u> <u>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) |
|---|---|---|---|
| 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. | X_None | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: past _XNone | 36 months |
| 3 | Royalties or licenses | _XNone | |
| 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 | X None | |
| | testimony | | |
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| 7 | Support for attending | XNone | |
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| 8 | Patents planned, issued or | X_None | |
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| 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 | |
| | Stock of Stock options | | |
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| 12 | Possint of aguinment | V None | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the foll | owing box: |
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| Plea | se place an "X" next to the | following statement to ind | icate your agreement: |
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| | X I certify that I have answe | ered every question and ha | ve not altered the wording of any of the questions on tl |
| | form. | , , | 5 7 4 3 4 3 4 3 - 3 - 4 - 3 |
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| Date: <u>Sept</u> | ember 10, 2023 | | |
|-------------------|---------------------|--|----------|
| Your Name: | Su-wan Bianca Ch | an | |
| Manuscript Tit | le: <u>Trimetho</u> | orim-Sulfamethoxazole-Induced Lung Injury: A cas | e report |
| Manuscript nu | mber (if known): | TP-23-383 | |

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| 3 | Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses | Time frame: pastXNoneXNone | 36 months |
| 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 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | meetings and, or traver | | |
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| 8 | Patents planned, issued or | X None | |
| 0 | pending | | |
| | , , , , , , , , , , , , , , , , , , , | | |
| 9 | Participation on a Data | X None | |
| 9 | Safety Monitoring Board or | XNOTIE | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Dاح | ease summarize the above co | onflict of interest in the fol | lowing hox: |
| ric | .asc sammanze the above to | | iowing box. |
| | None. | | |
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| Date: <u>11/09/2</u> | 2023 | |
|----------------------|--|--|
| Your Name: Jan H | Hau Lee | |
| Manuscript Title: | Trimethoprim-Sulfamethoxazole-Induced Lung Injury: A case report | |
| Manuscript numb | per (if known): TP-23-383 | |

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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 | 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 | X None | |
| | testimony | | |
| | testimony | | |
| 7 | Company for attackling | V None | |
| / | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
| | periumg | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, | | |
| | 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 | | |
| | | | |
| | services | | |
| 12 | Other financial or non | Translational Pediatrics | Dr. Ian Hay Los conyes as an unnaid Danuty Editors in |
| 13 | Other financial or non- | Translational Pediatrics | Dr Jan Hau Lee serves as an unpaid Deputy Editors-in- Chief of Translational Pediatrics from July 2022 to June |
| | financial interests | | • |
| | | | 2024. |
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Please summarize the above conflict of interest in the following box:

| The author is a Deputy Editors-In-Chief of Translational Pediatrics. | |
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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.