

## ICMJE DISCLOSURE FORM

Date: 2021-09-08

Your Name: Di-Ying Wang

Manuscript Title: Study of the changes in immune indexes, pathogenic characteristics and related risk factors in children with viral diarrhea  
(if known): \_\_\_\_\_

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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) |
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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
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| 3   | Royalties or licenses  | None   |   |
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| 4   | Consulting fees  | None   |   |
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| 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 |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | None |  |
| 13 | Other financial or non-financial interests   | None |  |

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| <p>The authors have no conflicts of interest to declare.</p> |
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**Please place an "X" next to the following statement to indicate your agreement:**

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## ICMJE DISCLOSURE FORM

Date: 2021-09-08

Your Name: Feng Zhan

Manuscript Title: Study of the changes in immune indexes, pathogenic characteristics and related risk factors in children with viral diarrhea  
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Date: 2021-09-08

Your Name: Hui-Ling Liu

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