Date:2021.9.18
Your Name:Xiaoyan Li
Manuscript Title:_ Analysis of immune-related genes in idiopathic pulmonary fibrosis based on bioinformatics and
experimental verification
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 <u>current</u> <u>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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	1	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	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	

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

None.

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

Date:	2021.9.18
Your Nar	me:_Yuanyuan Huang
Manuscr	ript Title: _ Analysis of immune-related genes in idiopathic pulmonary fibrosis based on bioinformatics and
experime	ental verification
Manuscr	ript number (if known):

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

None.

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

Date:2021.9.18
Your Name:Naixi Ye
Manuscript Title: Analysis of immune-related genes in idiopathic pulmonary fibrosis based on bioinformatics and
experimental verification
Manuscript number (if known):

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1	services		
13	Other financial or non-	None	
	financial interests		

None.

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

Date:_2021.9.18
Your Name: Jie He
Manuscript Title: Analysis of immune-related genes in idiopathic pulmonary fibrosis based on bioinformatics and
experimental verification
Manuscript number (if known):

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