

ICMJE DISCLOSURE FORM

Date: Nov.18, 2021
 Your Name: Xixi Chen
 Manuscript Title: Autoimmune manifestations of visceral leishmaniasis in Chinese patients
 –Visceral leishmaniasis mimicking autoimmune diseases
 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**.

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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)
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.	This research was funded by the Foundation for Outstanding Young Talents, Science and Technology Department of Sichuan Province (2020JDJQ0067).	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: Nov.16, 2021
 Your Name: Qiao Zhou
 Manuscript Title: Autoimmune manifestations of visceral leishmaniasis in Chinese patients
 –Visceral leishmaniasis mimicking autoimmune diseases
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Nov.18, 2021

Your Name: Jian Liu

Manuscript Title: Autoimmune manifestations of visceral leishmaniasis in Chinese patients
—Visceral leishmaniasis mimicking autoimmune diseases

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Date: Nov.18, 2021

Your Name: Bin Zhou

Manuscript Title: Autoimmune manifestations of visceral leishmaniasis in Chinese patients
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Manuscript number (if known): _____

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Date: Nov.18, 2021

Your Name: Xiaodan Wu

Manuscript Title: Autoimmune manifestations of visceral leishmaniasis in Chinese patients
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Date: Nov.18, 2021

Your Name: Li Long

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