

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Definitions.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chun

2. Surname (Last Name)
Yang

3. Date
08-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Xiao-Qing Liu, Yi-Min Li,

5. Manuscript Title
Conversion ratio of tacrolimus switching from intravenous infusion to oral administration after lung transplantation

6. Manuscript Identifying Number (if you know it)
JTD-20-1191

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| National Key Research and Development Program of China | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No.2018YFC1200100 |
| Medical Research Foundation of Guangdong | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No. A2020481 |
| National Natural Science Foundation of China | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| National Natural Science Foundation of China | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| National Science and Technology Major Project | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Dr. Yang reports grants from National Key Research and Development Program of China, grants from Medical Research Foundation of Guangdong, grants from National Natural Science Foundation of China, grants from National Natural Science Foundation of China, grants from National Science and Technology Major Project , during the conduct of the study; .

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Yin

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Xi

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08-May-2020

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Yes No

Corresponding Author's Name

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Dr. Xi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Wen-Ying

2. Surname (Last Name)
Chen

3. Date
08-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Xiao-Qing Liu, Yi-Min Li,

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

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Lin

2. Surname (Last Name)

Sang

3. Date

08-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xiao-Qing Liu, Yi-Min Li,

5. Manuscript Title

Conversion ratio of tacrolimus switching from intravenous infusion to oral administration after lung transplantation

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Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Dong-Dong | 2. Surname (Last Name) Liu | 3. Date 08-May-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Xiao-Qing Liu, Yi-Min Li, |
| 5. Manuscript Title Conversion ratio of tacrolimus switching from intravenous infusion to oral administration after lung transplantation | | |
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Rong | 2. Surname (Last Name) Zhang | 3. Date 08-May-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Xiao-Qing Liu, Yi-Min Li, |
| 5. Manuscript Title Conversion ratio of tacrolimus switching from intravenous infusion to oral administration after lung transplantation | | |
| 6. Manuscript Identifying Number (if you know it) JTD-20-1191 | | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| National Natural Science Foundation of China | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant Nos. 81700080 (RZ) |

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Zhang reports grants from National Natural Science Foundation of China, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Si-Bei

2. Surname (Last Name)

Chen

3. Date

08-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Xiao-Qing Liu, Yi-Min Li,

5. Manuscript Title

Conversion ratio of tacrolimus switching from intravenous infusion to oral administration after lung transplantation

6. Manuscript Identifying Number (if you know it)

JTD-20-1191

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Chen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jie

2. Surname (Last Name)

Zhang

3. Date

08-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xiao-Qing Liu, Yi-Min Li,

5. Manuscript Title

Conversion ratio of tacrolimus switching from intravenous infusion to oral administration after lung transplantation

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JTD-20-1191

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Are there any relevant conflicts of interest?

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No

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Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

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Yes

No

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Dr. Zhang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Jie-Yi | 2. Surname (Last Name) Pan | 3. Date 08-May-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Xiao-Qing Liu, Yi-Min Li, |
| 5. Manuscript Title Conversion ratio of tacrolimus switching from intravenous infusion to oral administration after lung transplantation | | |
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yong-Hao

2. Surname (Last Name)

Xv

3. Date

08-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Xiao-Qing Liu, Yi-Min Li,

5. Manuscript Title

Conversion ratio of tacrolimus switching from intravenous infusion to oral administration after lung transplantation

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JTD-20-1191

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Dr. Xv has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lin-Bo

2. Surname (Last Name)

Nong

3. Date

08-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Xiao-Qing Liu, Yi-Min Li,

5. Manuscript Title

Conversion ratio of tacrolimus switching from intravenous infusion to oral administration after lung transplantation

6. Manuscript Identifying Number (if you know it)

JTD-20-1191

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Nong has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Section 1. Identifying Information

1. Given Name (First Name)
Yi-Min

2. Surname (Last Name)
Li

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08-May-2020

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| National Natural Science Foundation of China | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No.81770079 |

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| National Science and Technology Major Project | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No. 2017ZX10204401003 |

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