Manuscript Title: International expert opinion on the use of nebulization for pediatric asthma therapy during the COVID-19

Date:_2021.4.23__

Your Name:_Kunling Shen___

•	Manuscript number (if known):				
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.		
	e following questions apply anuscript only.	to the author's relationsh	sips/activities/interests as they relate to the current		
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,		
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your		
		relationship or indicate none (add rows as needed)	institution)		
		Time frame: Since the initia	al planning of the work		
L	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.	Astra Zeneca	medical writing, article processing charges		
	Cuenta en contro de forma	Time frame: pas	at 36 months		
<u>′</u>	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			
ı	Consulting fees	None			

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
	rase summarize the above control of the summarize the summ		llowing box:

__ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ate:2021/3/31
our Name:Jianguo Hong
Nanuscript Title : International expert opinion on the use of nebulization for pediatric asthma therapy during the COVID-19 andemic
lanuscript 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 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.	Astra Zeneca	medical writing, article processing charges
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	AstraZeneca	Honoraria for lectures
	lectures, presentations,	Chiesi	Honoraria for lectures
	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		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical writing, gifts or other	NOTIC	
	services		
13	Other financial or non-	None	
	financial interests		
			·

Dr. Hong has received speaker fees from AstraZeneca and Chiesi and reports funding from Astra Zeneca.		

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: 10-5-2021

Your Name:_Ahmed El-Beleidy

Manuscript Title: International expert opinion on the use of nebulization for pediatric asthma therapy during the COVID-19

pandemic

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.

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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.	AstraZeneca	medical writing, article processing charges
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	None			
7	Support for attending meetings and/or travel	None			
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			
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non- financial interests	None			
Please summarize the above conflict of interest in the following box:					
D	Dr. El-Beleidy reports funding from Astra Zeneca.				
Plea	Please place an "X" next to the following statement to indicate your agreement:				
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.X				

5 Payment or honoraria for

None

Date: April 1	2021
Your Name:	Evgeny Furman
Manuscript Title: //	ternational expert opinion on the use of nebulization for pediatric asthma therapy during the COVID-1
pandemic	
Manuscript numbe	r (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.

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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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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 meetings and/or travel	None	
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		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
			•
DI			Handra kan

Dr. Furman reports funding from Astra Zeneca.		

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.

υa	te:Apr.17 2021			
Υo	ur Name:Liu, Hanm	in		
	anuscript Title: International ndemic	expert opinion on the use	of nebulization for pediatric asthma therapy during the	COVID-19
Ma	anuscript number (if known)):		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that areans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a lo so.	
	e following questions apply	to the author's relationsh	nips/activities/interests as they relate to the current	
me In	edication, even if that medic	cation is not mentioned in	e all relationships with manufacturers of antihypertens the manuscript. ed in this manuscript without time limit. For all other	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as needed)	institution)	
		Time frame: Since the initi	al planning of the work	
	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.	Astra Zeneca	medical writing, article processing charges	
		Time frame: pas	st 36 months	
	Grants or contracts from any entity (if not indicated in item #1 above).	√None		

Royalties or licenses

Consulting fees

4

None

_None

√_

5	Payment or honoraria for lectures, presentations,	_	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	_ √None	
	testimony		
7	Support for attending meetings and/or travel	_ √None	
8	Patents planned, issued or	_ √None	
	pending		
9	Participation on a Data	√ None	
	Safety Monitoring Board or	_	
	Advisory Board		
10	Leadership or fiduciary role 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		
	writing, gifts or other		
13	services Other financial or non-	√ None	
10	financial interests	_	
	Pase summarize the above of the company of the comp		llowing box:
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_ X __ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

	ICIVIJE DISCLOSURE FORIVI						
Da	te:31 March,2021						
Yo	Your Name: Yong Yin						
Ma	nuscript Title: International	expert opinion on the use o	of nebulization for pediatric asthma therapy during the Co	OVID-19			
pai	ndemic						
Ma	nuscript number (if known)) :					
rela par to	ated to the content of your ties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.				
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>				
to i	the epidemiology of hypertodication, even if that medic	ension, you should declare cation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other ite	re			
		Name all entities with	Specifications/Comments				
		whom you have this	(e.g., if payments were made to you or to your				
		relationship or indicate	institution)				
		none (add rows as					
		needed)					
		Time frame: Since the initia					
1	All support for the present	Astra Zeneca	medical writing, article processing charges				
	manuscript (e.g., funding,						
	provision of study materials, medical writing, article						
	medical writing, article						

1	All support for the present	Astra Zeneca	medical writing, article processing charges
	manuscript (e.g., funding,		
	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	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-	educational events	Nove	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
<i>'</i>	meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	Nego	
٥	pending	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or	None	
	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		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	None	
Pl	ease summarize the above c	onflict of interest in the fo	llowing box:
_			
	Dr. Yin reports funding from As	stra Zeneca.	

Dr. Yin reports funding from Astra Zeneca.	

_ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_31 st march, 2021
Your Name	:Maria del Carmen Cano Salas
Manuscript pandemic	t Title: International expert opinion on the use of nebulization for pediatric asthma therapy during the COVID-19
Manuscrip	t 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.

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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.	Astra Zeneca	medical writing, article processing charges
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	Astra Zeneca	Honoraria for lectures
	lectures, presentations, speakers bureaus,	Boehringer ingelheim	Honoraria for lectures
		Moksha 8	Honoraria for lectures
	manuscript writing or educational events	Novartis	Honoraria for lectures
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data	Astra Zeneca	Advisory board
	Safety Monitoring Board or	Boehringer Ingelheim	Advisory board
10	Advisory Board	GlaxoSmithKline	Advisory board
10	Leadership or fiduciary role	Latinoamerican Thoracic	Pediatric Department Director of Latinoamerican
	in other board, society, committee or advocacy	Association-ALAT (2019- 2020)	Thoracic Association-ALAT (2019-2020)
	group, paid or unpaid	Mexican Society of	Head of the Asthma Section (2019-2021)
	group, paid or dripaid	Pnemology	Head of the Astrina Section (2019-2021)
		Filefilology	
11	Stock or stock options	None	
	Stock of Stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Dr. Cano Salas has participated in advisory board for AstraZeneca, GlaxoSmithKline and Boehringer Ingelheim, and has also received honoraria for lectures for AstraZeneca, Boehringer Ingelheim, Novartis and Moksha 8. Dr. Cano Salas was the director of te Pediatric Department of Latinoamerican Thoracic Association-ALAT (2019-2020), and is the head of the Asthma Section of the Mexican Society of Pulmonology (2019-2021). Dr. Cano Salas reports funding from Astra Zeneca.

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:25/04/2021	
Your Name:Fatma Mohammed AlJassim	
Manuscript Title: International expert opinion on the use of nebulization for pediatric asthma therapy during the	COVID-19
pandemic	
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.

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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.	Astra Zeneca	medical writing, article processing charges
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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 meetings and/or travel	None	
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		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
DI		fl: f : f II	audia a la aud

Dr. AlJassim reports funding from Astra Zeneca.	

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:2/04/2021			
 Your Name:Dr.Nufoud AlShammari			
Manuscript Title: International expert opinion on the use of nebulization for pediatric asthma therapy during the COVID-19 pandemic 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 pertate to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertension, 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) planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

		1	<u> </u>
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
U	testimony	None	
	testimony		
_			
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
	periang		
0	Participation on a Data	None	
9		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		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Dr. AlShammari reports funding from Astra Zeneca.	

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 a form.	any of the questions on this

Date:April 5, 2021	
Your Name:Assoc.Prof.Sorasak Lochindarat	
Manuscript Title: International expert opinion on the use of nebulization for pediatric asthma therapy durin pandemic	g the COVID-19
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.

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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)
	I		
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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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	_xNone	
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	Former President of Thai Pediatric Pulmonary and Critical Care Medicine Society.
	committee or advocacy		
	group, paid or unpaid		
11	group, paid or unpaid Stock or stock options	_xNone	
11		_xNone	
11		_xNone	
11 12		_xNone	
	Stock or stock options		
	Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other		
	Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone	
	Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-		
12	Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone	
12	Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	_xNone	
12 13	Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	xNonexNone onflict of interest in the fo	re Medicine Society from 2015-2019, unpaid.

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:3/4/2021			
_ Your Name:	_NGUYEN THI DIEU		
THUY			
Manuscript Title	e: International expert opinion on the use of nebulization for pediatric asthma therapy during the COVID-19		
•	nber (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.

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initial	planning of the work
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	Astra Zeneca	medical writing, article processing charges
	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	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	Nana		
О	testimony	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			
10	Advisory Board Leadership or fiduciary role	Nama		
10	in other board, society,	None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
	·			
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
10	services			
13	Other financial or non- financial interests	None		
	illiancial illerests			
Ple	Please summarize the above conflict of interest in the following box:			

Dr. DIEU reports funding from Astra Zeneca.	