Date	e: <u>21/06/19</u>						
Your Name: Wenhong Li							
Manuscript Title: The role of targeted regulation of COX11 by miR-10a-3p in the development							
<u>and</u>	and progression of paediatric mycoplasma pneumoniae pneumonia						
Mar	uscript number (if knov	wn): JTD-21-	710				
In th	so interest of transparar	asy wa ask you to disal	ace all relationships (activities (interests				
liste	d below that are		ose all relationships/activities/interests				
for-p	profit third	•	d" means any relation with for-profit or not-				
repr	esents a commitment	•	ntent of the manuscript. Disclosure				
	ansparency and does not relationship/activity/in		a bias. If you are in doubt about whether to that you do so.				
to th	following questions app ne <u>current</u> uscript only.	ply to the author's rela	tionships/activities/interests as they relate				
man to th	uscript pertains ne epidemiology of hype	ertension, you should o	uld be defined broadly. For example, if your declare all relationships with manufacturers cation is not mentioned in the manuscript.				
limit	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)				
	Tir	ne frame: Since the initia	l planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials,	Qiqihar Science and Technology Bureau of Heilongjiang Province Joint Guide Project					
	medical writing, article processing charges,						
	etc.) No time limit for this						

	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1	None	
above).		
Royalties or licenses	None	
Consulting fees	None	
Payment or honoraria	None	
presentations, speakers bureaus, manuscript		
events		
Payment for expert testimony	None	
Support for attending meetings and/or travel	None	
Patents planned, issued	None	
or pending		
Participation on a Data	None	
Board or Advisory		
Board		
Leadership or fiduciary	None	
society, committee or		
	from any entity (if not indicated in item #1 above). Royalties or licenses Consulting fees Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board,	from any entity (if not indicated in item #1 above). Royalties or licensesNone

		advocacy group, paid or unpaid		
	11	Stock or stock options	None	
	12	Receipt of equipment, materials, drugs,	None	
		medical writing, gifts or other services		
	13	Other financial or non-	None	
	13	financial interests	None	
	Plea	se summarize the abov	e conflict of interest in	the following box:
None				
None				
	Plea	se place an "X" next to	the following stateme	nt 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.			

Da	Date: 21/06/19					
Yo	Your Name: Xin Ding					
M	anuscript Title: The role of	of targeted regulation of	COX11 by miR-10a-3p in the development			
<u>ar</u>	nd progression of paediat	ric mycoplasma pneum	<u>oniae pneumonia</u>			
M	anuscript number (if kno	wn):JTD-21	-710			
lis re fo pa re to lis Th	Manuscript number (if known): JTD-21-710 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					
m to	manuscript only. 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. 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.					
In Iir	mit. For all other items,	support for the work r	eported in this manuscript without time			
In Iir	mit. For all other items,	support for the work r	eported in this manuscript without time			
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In Iir	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed)	eported in this manuscript without time s. Specifications/Comments (e.g., if payments were made to you or to your institution)			
In lir th	All support for the present manuscript (e.g., funding, provision	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initial Qiqihar Science and Technology Bureau of Heilongjiang Province	eported in this manuscript without time s. Specifications/Comments (e.g., if payments were made to you or to your institution)			

No time limit for this

	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1	None	
above).		
Royalties or licenses	None	
Consulting fees	None	
Payment or honoraria	None	
presentations, speakers bureaus, manuscript		
events		
Payment for expert testimony	None	
Support for attending meetings and/or travel	None	
Patents planned, issued	None	
or pending		
Participation on a Data	None	
Board or Advisory		
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society, committee or		
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		advocacy group, paid or unpaid		
	11	Stock or stock options	None	
	12	Receipt of equipment, materials, drugs,	None	
		medical writing, gifts or other services		
	13	Other financial or non-	None	
	13	financial interests	None	
	Plea	se summarize the abov	e conflict of interest in	the following box:
None				
None				
	Plea	se place an "X" next to	the following stateme	nt 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	Date: 21/06/19				
Your Name: Rui Zhao					
		f targeted regulation of	f COX11 by miR-10a-3p in the development		
<u>and</u>	progression of paediatr	ic mycoplasma pneum	oniae pneumonia		
Mar	nuscript number (if knov	wn):JTD-21-	-710		
liste	d below that are		lose all relationships/activities/interests		
for-	profit third	•	d" means any relation with for-profit or not-		
repr	esents a commitment		ntent of the manuscript. Disclosure		
	ransparency and does not relationship/activity/in		a bias. If you are in doubt about whether to that you do so.		
to tl	following questions app ne <u>current</u> nuscript only.	ply to the author's rela	tionships/activities/interests as they relate		
mar to tl	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.				
limi	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)		
	Tir	ne frame: Since the initia	l planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials,	Qiqihar Science and Technology Bureau of Heilongjiang Province Joint Guide Project			
	medical writing, article processing charges, etc.)				

No time limit for this

	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1	None	
above).		
Royalties or licenses	None	
Consulting fees	None	
Payment or honoraria	None	
presentations, speakers bureaus, manuscript		
events		
Payment for expert testimony	None	
Support for attending meetings and/or travel	None	
Patents planned, issued	None	
or pending		
Participation on a Data	None	
Board or Advisory		
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		advocacy group, paid or unpaid				
	11	Stock or stock options	None			
	12	Receipt of equipment, materials, drugs,	None			
		medical writing, gifts or other services				
	13	Other financial or non-financial interests	None			
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	Please summarize the above conflict of interest in the following box:					
None						
	Plea	ase place an "X" next to	the following statem	ent to indicate your agreement:		
		_ I certify that I have an	_			

Date:21/06/19						
Your Name: <u>Donghui Xiong</u>						
Manuscript Title: The role of targeted regulation of COX11 by miR-10a-3p in the development						
and progression of paediatric mycoplasma pneumoniae pneumonia						
Manuscript number (if know	n): JTD-21-	710				
· · · · · · · · · · · · · · · · · · ·						
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	•	ntent of the manuscript. Disclosure				
represents a commitment	•	·				
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The following questions apply to the <u>current</u> <u>manuscript only</u> .	y to the author's relat	tionships/activities/interests as they relate				
The author's relationships/acmanuscript pertains	ctivities/interests sho	uld be <u>defined broadly</u> . For example, if your				
to the epidemiology of hyper		declare all relationships with manufacturers cation is not mentioned in the manuscript.				
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the time frame for disclosure	is the past 36 month	s.				
	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your				
	relationship or	institution)				
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	Qiqihar Science and					
	Technology Bureau of					
1	Heilongjiang Province					
-	Joint Guide Project					
medical writing, article						
processing charges, etc.)						
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	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1	None	
above).		
Royalties or licenses	None	
Consulting fees	None	
Payment or honoraria	None	
presentations, speakers bureaus, manuscript		
events		
Payment for expert testimony	None	
Support for attending meetings and/or travel	None	
Patents planned, issued	None	
or pending		
Participation on a Data	None	
Board or Advisory		
Board		
Leadership or fiduciary	None	
society, committee or		
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		advocacy group, paid or unpaid		
	11	Stock or stock options	None	
	12	Receipt of equipment, materials, drugs,	None	
		medical writing, gifts or other services		
	13	Other financial or non-	None	
	13	financial interests	None	
	Plea	se summarize the abov	e conflict of interest in	the following box:
None				
None				
	Plea	se place an "X" next to	the following stateme	nt 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: 21/06/19						
	Your Name: Zhiping Xie						
ſ	Manuscript Title: The role of targeted regulation of COX11 by miR-10a-3p in the development						
<u>2</u>	nd	progression of paediatr	ic mycoplasma pneum	<u>oniae pneumonia</u>			
ſ	∕lan	uscript number (if knov	wn):JTD-21-	.710			
li r f r t t li	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						
r	<u>nan</u>	ne <u>current</u> nuscript only.	antivities linterents cho	uld be defined breadly. For example, if your			
r t	nan o th	uscript pertains ne epidemiology of hype	ertension, you should o	uld be defined broadly. For example, if your declare all relationships with manufacturers cation is not mentioned in the manuscript.			
I	imit	em #1 below, report all i. For all other items, time frame for disclosui		eported in this manuscript without time			
			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)			
		Tir	relationship or indicate none (add	institution)			
	1		relationship or indicate none (add rows as needed) ne frame: Since the initia	institution)			
	1	All support for the present manuscript (e.g., funding, provision of study materials,	relationship or indicate none (add rows as needed)	institution)			
	1	All support for the present manuscript (e.g., funding, provision	relationship or indicate none (add rows as needed) ne frame: Since the initia Qiqihar Science and Technology Bureau of Heilongjiang Province	institution)			

No time limit for this

	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1	None	
above).		
Royalties or licenses	None	
Consulting fees	None	
Payment or honoraria	None	
presentations, speakers bureaus, manuscript		
events		
Payment for expert testimony	None	
Support for attending meetings and/or travel	None	
Patents planned, issued	None	
or pending		
Participation on a Data	None	
Board or Advisory		
Board		
Leadership or fiduciary	None	
role in other board, society, committee or		
	from any entity (if not indicated in item #1 above). Royalties or licenses Consulting fees Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board,	from any entity (if not indicated in item #1 above). Royalties or licensesNone

		advocacy group, paid or unpaid		
	11	Stock or stock options	None	
	12	Receipt of equipment, materials, drugs,	None	
		medical writing, gifts or other services		
	13	Other financial or non-	None	
	13	financial interests	None	
	Plea	se summarize the abov	e conflict of interest in	the following box:
None				
None				
	Plea	se place an "X" next to	the following stateme	nt 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.			

	e: <u>21/06/19</u> r Name: <u>Jing</u>	Xu_				
Manuscript Title: The role of targeted regulation of COX11 by miR-10a-3p in the development						
	and progression of paediatric mycoplasma pneumoniae pneumonia					
Mar	nuscript number (if knov	wn):JTD-21-	2/10			
	ne interest of transparer d below that are	ncy, we ask you to discl	ose all relationships/activities/interests			
	-	ur manuscript. "Relate	d" means any relation with for-profit or not-			
part	profit third ies whose interests may resents a commitment	y be affected by the co	ntent of the manuscript. Disclosure			
to tr			a bias. If you are in doubt about whether to that you do so.			
to th	following questions appose current suscript only.	oly to the author's rela	tionships/activities/interests as they relate			
man	nuscript pertains		uld be <u>defined broadly</u> . For example, if your			
		· •	declare all relationships with manufacturers cation is not mentioned in the manuscript.			
	em #1 below, report all t. For all other items,	support for the work r	eported in this manuscript without time			
	time frame for disclosu	re is the past 36 month	s.			
	Name all entities with whom you have this (e.g., if payments were made to you or to					
		relationship or indicate none (add rows as needed)	institution)			
	Tir	ne frame: Since the initia	planning of the work			
1	All support for the present manuscript	Qiqihar Science and Technology Bureau of				
	(e.g., funding, provision	Heilongjiang Province				
	of study materials,	Joint Guide Project				
	medical writing, article					
	processing charges,					
etc.) No time limit for this						

	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1	None	
above).		
Royalties or licenses	None	
Consulting fees	None	
Payment or honoraria	None	
presentations, speakers bureaus, manuscript		
events		
Payment for expert testimony	None	
Support for attending meetings and/or travel	None	
Patents planned, issued	None	
or pending		
Participation on a Data	None	
Board or Advisory		
Board		
Leadership or fiduciary	None	
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		advocacy group, paid or unpaid		
	11	Stock or stock options	None	
	12	Receipt of equipment, materials, drugs,	None	
		medical writing, gifts or other services		
	13	Other financial or non-	None	
	13	financial interests	None	
	Plea	se summarize the abov	e conflict of interest in	the following box:
None				
None				
	Plea	se place an "X" next to	the following stateme	nt 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: 21/06/19							
Your Name: Meiling Tan							
	Manuscript Title: The role of targeted regulation of COX11 by miR-10a-3p in the development						
	progression of paediatr						
	nuscript number (if know						
iviai	iuscript number (ii knot	wii) <u>31D-21</u> -	710				
liste rela for- part repr to ti	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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Grants or contracts from any entity (if not indicated in item #1	None	
above).		
Royalties or licenses	None	
Consulting fees	None	
Payment or honoraria	None	
presentations, speakers bureaus, manuscript		
events		
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Support for attending meetings and/or travel	None	
Patents planned, issued	None	
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Participation on a Data	None	
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		advocacy group, paid or unpaid		
	11	Stock or stock options	None	
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None				
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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.			

Date: <u>21/06/19</u>							
Your Name: Chunfu Yang							
	Manuscript Title: The role of targeted regulation of COX11 by miR-10a-3p in the development						
	and progression of paediatric mycoplasma pneumoniae pneumonia						
	nuscript number (if know						
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	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are						
	ted to the content of yo profit third	ur manuscript. "Relate	d" means any relation with for-profit or not-				
repr	esents a commitment		ntent of the manuscript. Disclosure				
	ransparency and does not relationship/activity/i	-	a bias. If you are in doubt about whether to that you do so.				
to th	following questions app ne <u>current</u> nuscript only.	oly to the author's rela	tionships/activities/interests as they relate				
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	processing charges, etc.)						

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Consulting fees	None	
Payment or honoraria	None	
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events		
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Support for attending meetings and/or travel	None	
Patents planned, issued	None	
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		advocacy group, paid or unpaid		
	11	Stock or stock options	None	
	12	Receipt of equipment, materials, drugs,	None	
		medical writing, gifts or		
		other services		
	13	Other financial or non- financial interests	None	
	Plea	se summarize the abov	e conflict of interest in	the following box:
None.				
	Plea	se place an "X" next to	the following stateme	nt to indicate your agreement:
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Date:21/06/19
Your Name: Chunyu Li
Manuscript Title: The role of targeted regulation of COX11 by miR-10a-3p in the development
and progression of paediatric mycoplasma pneumoniae pneumonia
Manuscript number (if
known):JTD-21-710

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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	Tir	l planning of the work	
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	item.		
		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	
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	None	
	Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or	None	

		advocacy group, paid or unpaid				
	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:						
None.	ne.					
	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.					