

ICMJE DISCLOSURE FORM

Date: Jul. 28th, 2021

Your Name: Na Dong

Manuscript Title: Validation of the Accuracy of the Childhood Asthma Model for Clinical Decision Support (CAMCDS): a protocol for an observational study

Manuscript number (if known): JTD-21-668-CL

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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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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.

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ICMJE DISCLOSURE FORM

Date: Aug. 2th, 2021

Your Name: Wei Dong

Manuscript Title: Validation of the Accuracy of the Childhood Asthma Model for Clinical Decision Support (CAMCDS): a protocol for an observational study

Manuscript number (if known): JTD-21-668-CL

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None.

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ICMJE DISCLOSURE FORM

Date: Jul. 30th, 2021

Your Name: Xiaoqun Jin

Manuscript Title: Validation of the Accuracy of the Childhood Asthma Model for Clinical Decision Support (CAMCDS): a protocol for an observational study

Manuscript number (if known): JTD-21-668-CL

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3	Royalties or licenses	__X__ None	
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ICMJE DISCLOSURE FORM

Date: Aug. 2th, 2021

Your Name: Miao Wang

Manuscript Title: Validation of the Accuracy of the Childhood Asthma Model for Clinical Decision Support (CAMCDS): a protocol for an observational study

Manuscript number (if known): JTD-21-668-CL

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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ICMJE DISCLOSURE FORM

Date: Jul. 30th, 2021

Your Name: Xiuhe Xu

Manuscript Title: Validation of the Accuracy of the Childhood Asthma Model for Clinical Decision Support (CAMCDS): a protocol for an observational study

Manuscript number (if known): JTD-21-668-CL

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None.

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ICMJE DISCLOSURE FORM

Date: Aug. 3th, 2021

Your Name: Canghong Zhi

Manuscript Title: Validation of the Accuracy of the Childhood Asthma Model for Clinical Decision Support (CAMCDS): a protocol for an observational study

Manuscript number (if known): JTD-21-668-CL

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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.	Major new drug development program of the 13th Five-year Plan (No.2017ZX09201002-002) Funding	
		Key area R&D program of Guangdong province (No.2019B020204001) Funding	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author reports funding from major new drug development program of the 13th Five-year Plan (No.2017ZX09201002-002) and key area R&D program of Guangdong province (No.2019B020204001) for this study.

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ICMJE DISCLOSURE FORM

Date: Aug. 3th, 2021

Your Name: Dandan Zhao

Manuscript Title: Validation of the Accuracy of the Childhood Asthma Model for Clinical Decision Support (CAMCDS): a protocol for an observational study

Manuscript number (if known): JTD-21-668-CL

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ICMJE DISCLOSURE FORM

Date: Aug. 3th, 2021

Your Name: Min Lu

Manuscript Title: Validation of the Accuracy of the Childhood Asthma Model for Clinical Decision Support (CAMCDS): a protocol for an observational study

Manuscript number (if known): JTD-21-668-CL

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ICMJE DISCLOSURE FORM

Date: Jul. 30th, 2021

Your Name: Haoxiang Gu

Manuscript Title: Validation of the Accuracy of the Childhood Asthma Model for Clinical Decision Support (CAMCDS): a protocol for an observational study

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ICMJE DISCLOSURE FORM

Date: Aug.4th, 2021

Your Name: Rong Qiao

Manuscript Title: Validation of the Accuracy of the Childhood Asthma Model for Clinical Decision Support (CAMCDS): a protocol for an observational study

Manuscript number (if known): JTD-21-668-CL

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		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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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.