## ICMJE DISCLOSURE FORM

**Date: Nov. 11, 2021**
**Your Name: Ziliang Hou**
**Manuscript Title: A novel seven-gene risk profile in BALF to identify high-risk patients with idiopathic pulmonary fibrosis**
**Manuscript number (if known): JTD-21-1830**

**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.**

**The author's relationships/activities/interests should be defined broadly. 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.**

| | | 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) |
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**conflicts of interest to declare.**

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| 8 | Patents planned, issued or pending | ____None | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ____None | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ____None | None |
| 11 | Stock or stock options | ____None | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____None | None |
| 13 | Other financial or non-financial interests | ____None | None |

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

None

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# ICMJE DISCLOSURE FORM

**Date: Nov. 11, 2021**
**Your Name: Dan Peng**
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# ICMJE DISCLOSURE FORM

**Date: Nov. 11, 2021**
**Your Name: Jingjing Yang**
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# ICMJE DISCLOSURE FORM

**Date: Nov. 11, 2021**
**Your Name: Shuai Zhang**
**Manuscript Title: A novel seven-gene risk profile in BALF to identify high-risk patients with idiopathic pulmonary fibrosis**
**Manuscript number (if known): JTD-21-1830**

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