

## ICMJE DISCLOSURE FORM

Date: December 1, 2021

Your Name: Sai Li

Manuscript Title: Household mold exposure in association with childhood asthma and allergic rhinitis in a northwestern city and a southern city of China

Manuscript number (if known): JTD-21-1380

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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		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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

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

None

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## ICMJE DISCLOSURE FORM

Date: December 1, 2021

Your Name: Suzhen Cao

Manuscript Title: Household mold exposure in association with childhood asthma and allergic rhinitis in a northwestern city and a southern city of China

Manuscript number (if known): JTD-21-1380

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## ICMJE DISCLOSURE FORM

Date:     December 1, 2021    

Your Name:     Xiaoli Duan    

Manuscript Title:     Household mold exposure in association with childhood asthma and allergic rhinitis in a northwestern city and a southern city of China    

Manuscript number (if known):     JTD-21-1380    

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>    None    </u>	
		The Beijing Natural Science Foundation (7202106)	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>    √    </u> None	
3	Royalties or licenses	<u>    √    </u> None	
4	Consulting fees	<u>    √    </u> None	

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

Dr. Duan reports funding (grant) from the Beijing Natural Science Foundation (7202106).

**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.**

## ICMJE DISCLOSURE FORM

Date: December 1, 2021

Your Name: Yaqun Zhang

Manuscript Title: Household mold exposure in association with childhood asthma and allergic rhinitis in a northwestern city and a southern city of China

Manuscript number (if known): JTD-21-1380

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Date:     December 1, 2021      
 Your Name:     Jicheng Gong      
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