

ICMJE DISCLOSURE FORM

Date: _____ 2023/1/16 _____
 Your Name: _____ Yi-Ting Wang _____
 Manuscript Title: _____ Proteomic investigation and biomarker identification of lung and spleen deficiency syndrome in HIV/AIDS immunological nonresponders _____
 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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Time frame: past 36 months			
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Please summarize the above conflict of interest in the following box:

None

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

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Date: 2023/1/16

Your Name: Shao-Xiu Ji

Manuscript Title: Proteomic investigation and biomarker identification of lung and spleen deficiency syndrome in HIV/AIDS immunological nonresponders

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/1/16

Your Name: Xin-Yi Xia

Manuscript Title: Proteomic investigation and biomarker identification of lung and spleen deficiency syndrome in HIV/AIDS immunological nonresponders

Manuscript number (if known): _____

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Date: 2023/1/16
 Your Name: Ting-Jun Wan
 Manuscript Title: Proteomic investigation and biomarker identification of lung and spleen deficiency syndrome in HIV/AIDS immunological nonresponders
 Manuscript number (if known): _____

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Date: 2023/1/16

Your Name: Jia-Xi Zou

Manuscript Title: Proteomic investigation and biomarker identification of lung and spleen deficiency syndrome in HIV/AIDS immunological nonresponders

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Date: 2023/1/16

Your Name: Bai-Xue Li

Manuscript Title: Proteomic investigation and biomarker identification of lung and spleen deficiency syndrome in HIV/AIDS immunological nonresponders

Manuscript number (if known): _____

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Date: 2023/1/16
 Your Name: Qian-Nan Hu
 Manuscript Title: Proteomic investigation and biomarker identification of lung and spleen deficiency syndrome in HIV/AIDS immunological nonresponders
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Date: 2023/1/16

Your Name: Xin Chen

Manuscript Title: Proteomic investigation and biomarker identification of lung and spleen deficiency syndrome in HIV/AIDS immunological nonresponders

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Date: 2023/1/16

Your Name: Jie Mu

Manuscript Title: Proteomic investigation and biomarker identification of lung and spleen deficiency syndrome in HIV/AIDS immunological nonresponders

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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.