| Date: <u>2023-1-22</u> |
|---|
| Your Name: Wanjun Wang |
| Manuscript Title: <u>Efficacy and safety of Sanfeng Tongqiao Diwan in the treatment of upper airway cough syndrome: a</u> |
| randomized, double-blind, placebo-controlled clinical study |
| 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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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.

| | | 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, | None | |
| | medical writing, article processing charges, etc.) No time limit for this item. | None | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None None | |
| 3 | Royalties or licenses | None | |
| | | None | |
| 4 | Consulting fees | None | |
| | | None | |

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

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Please place an "X" next to the following statement to indicate your agreement:

| Date: 2023-1-22 |
|---|
| Your Name: Mo Xian |
| Manuscript Title: <u>Efficacy and safety of Sanfeng Tongqiao Diwan in the treatment of upper airway cough syndrome: a</u> |
| randomized, double-blind, placebo-controlled clinical study |
| Manuscript number (if known): |

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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. | None None | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastNone None | 36 months |
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None None | |

| 5 | Payment or honoraria for | None | |
|----|--|------|--|
| | lectures, presentations, | None | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | None | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | 5 , | None | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | None | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | None | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | • | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | None | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | None | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: 2023-1-22 |
|--|
| Your Name: Xu Shi |
| Manuscript Title: Efficacy and safety of Sanfeng Tongqiao Diwan in the treatment of upper airway cough syndrome: a |
| randomized, double-blind, placebo-controlled clinical study |
| Manuscript number (if known): |

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|---|---|---|---|
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None None | |
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None None | |

| 5 | Payment or honoraria for | None | |
|----|--|------|--|
| | lectures, presentations, | None | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | None | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | 5 , | None | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | None | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | None | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | • | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | None | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | None | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>2023-1-22</u> |
|---|
| Your Name: Ruchong Chen |
| Manuscript Title: <u>Efficacy and safety of Sanfeng Tongqiao Diwan in the treatment of upper airway cough syndrome: a</u> |
| andomized, double-blind, placebo-controlled clinical study |
| Manuscript number (if known): |
| andomized, double-blind, placebo-controlled clinical study |

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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. | None None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None None | |
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None None | |

| 5 | Payment or honoraria for | None | |
|----|--|------|--|
| | lectures, presentations, | None | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | None | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | 5 , | None | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | None | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | None | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | • | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | None | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | None | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: 2023-1-22 |
|---|
| Your Name: Zheng Zhu Zhu |
| Manuscript Title: <u>Efficacy and safety of Sanfeng Tongqiao Diwan in the treatment of upper airway cough syndrome: a</u> |
| randomized, double-blind, placebo-controlled clinical study |
| Manuscript number (if known): |

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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. | None None | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None None | |
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None None | |

| 5 | Payment or honoraria for | None | |
|----|--|------|--|
| | lectures, presentations, | None | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | None | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | 5 , | None | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | None | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | None | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | • | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | None | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date:_ | 2023-1-22 |
|--------|---|
| Your N | lame: Qiurong Hu |
| Manus | script Title: <u>Efficacy and safety of Sanfeng Tongqiao Diwan in the treatment of upper airway cough syndrome: a</u> |
| rando | mized, double-blind, placebo-controlled clinical study |
| Manus | script number (if known): |

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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) |
|---|-------------------------------|--|---|
| 1 | All support for the present | Time frame: Since the initial None | planning of the work |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | None | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated | None | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | None | |
| | | | |
| 4 | Consulting fees | None | |
| | | None | |
| | | | |

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

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Please place an "X" next to the following statement to indicate your agreement:

| Date: 2023-1-22 |
|---|
| Your Name: Naijian Li |
| Manuscript Title: <u>Efficacy and safety of Sanfeng Tongqiao Diwan in the treatment of upper airway cough syndrome: a</u> |
| randomized, double-blind, placebo-controlled clinical study |
| Manuscript number (if known): |

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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 | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | None | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time mint for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated | None | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | None | |
| | | | |
| 4 | Consulting fees | None | |
| | | None | |
| | | | |

| 5 | Payment or honoraria for | None | |
|----|--|------|--|
| | lectures, presentations, | None | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | None | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | 5 , | None | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | None | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | None | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | • | None | |
| | | | |
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| | materials, drugs, medical | None | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: |
|---|
| Your Name: Rundong Qin |
| Manuscript Title: <u>Efficacy and safety of Sanfeng Tongqiao Diwan in the treatment of upper airway cough syndrome: a</u> |
| randomized, double-blind, placebo-controlled clinical study |
| Manuscript number (if known): |

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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. | None None | pranning or the work |
| | | Time frame: past | 36 months |
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| 4 | Consulting fees | None None | |

| 5 | Payment or honoraria for | None | |
|----|--|------|--|
| | lectures, presentations, | None | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | None | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | 5 , | None | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | None | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | None | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | • | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | None | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>2023-1-22</u> |
|---|
| our Name: Jing Li |
| Manuscript Title: <u>Efficacy and safety of Sanfeng Tongqiao Diwan in the treatment of upper airway cough syndrome: a</u> |
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