

## ICMJE DISCLOSURE FORM

Date: Feb. 26<sup>th</sup>, 2023

Your Name: Ling Lu

Manuscript Title: Is the incident of Once COPD-related Admission a High Risk for Readmission in the Future?

Manuscript number (if known): JTD-22-1504

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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## ICMJE DISCLOSURE FORM

Date: Feb. 26<sup>th</sup>, 2023

Your Name: Min Chen

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Date: Feb. 26<sup>th</sup>, 2023

Your Name: Xiangju Xing

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Your Name: Xiaoling Wei

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<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> 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	
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**Please summarize the above conflict of interest in the following box:**

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**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.

## ICMJE DISCLOSURE FORM

Date: Feb. 26<sup>th</sup>, 2023

Your Name: Xin Sun

Manuscript Title: Is the incident of Once COPD-related Admission a High Risk for Readmission in the Future?

Manuscript number (if known): JTD-22-1504

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

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## ICMJE DISCLOSURE FORM

Date: Feb. 26<sup>th</sup>, 2023

Your Name: Changzheng Wang

Manuscript Title: Is the incident of Once COPD-related Admission a High Risk for Readmission in the Future?

Manuscript number (if known): JTD-22-1504

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