

ICMJE DISCLOSURE FORM

Date: Feb. 24th, 2023

Your Name: Huacheng Yan

Manuscript Title: Effective omalizumab treatment influenced eosinophil function in severe allergic asthmatics

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:

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☒ 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: Feb. 24th, 2023

Your Name: Lin Sun

Manuscript Title: Effective omalizumab treatment influenced eosinophil function in severe allergic asthmatics

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Feb. 24th, 2023

Your Name: Yingmeng Ni

Manuscript Title: Effective omalizumab treatment influenced eosinophil function in severe allergic asthmatics

Manuscript number (if known): _____

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Date: Feb. 24th, 2023

Your Name: Juan Du

Manuscript Title: Effective omalizumab treatment influenced eosinophil function in severe allergic asthmatics

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Date: Feb. 24th, 2023

Your Name: Dong Liu

Manuscript Title: Effective omalizumab treatment influenced eosinophil function in severe allergic asthmatics

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Date: Feb. 24th, 2023

Your Name: Ping Wang

Manuscript Title: Effective omalizumab treatment influenced eosinophil function in severe allergic asthmatics

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Date: Feb. 24th, 2023

Your Name: Jin Cao

Manuscript Title: Effective omalizumab treatment influenced eosinophil function in severe allergic asthmatics

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ICMJE DISCLOSURE FORM

Date: Feb. 24th, 2023

Your Name: Guofang Xu

Manuscript Title: Effective omalizumab treatment influenced eosinophil function in severe allergic asthmatics

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Date: Feb. 24th, 2023

Your Name: Yi Tao

Manuscript Title: Effective omalizumab treatment influenced eosinophil function in severe allergic asthmatics

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Date: Feb. 24th, 2023

Your Name: Ranran Dai

Manuscript Title: Effective omalizumab treatment influenced eosinophil function in severe allergic asthmatics

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input 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:

☒ 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: Feb. 24th, 2023

Your Name: Wei Tang

Manuscript Title: Effective omalizumab treatment influenced eosinophil function in severe allergic asthmatics

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: Since the initial planning of the work			
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3	Royalties or licenses	<u>__X__</u> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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