

ICMJE DISCLOSURE FORM

Date: 04/02/2023
 Your Name: Xiaoxing Cui
 Manuscript Title: Association between Childhood Asthma Control Test (C-ACT) Scores and Lung Pathophysiologic Indicators in Longitudinal Measurements
 Manuscript number (if known): JTD-22-1383

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.

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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, medical writing, article processing charges, etc.) No time limit for this item.	Duke Nicholas School of Environment	Xiaoxing received a graduate fellowship from Duke University to support her doctoral studies.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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

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

I have received a graduate fellowship from Duke University. I have no other conflict of interest to declare.

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: 04/02/2023

Your Name: Xiaojian Zhou

Manuscript Title: Association between Childhood Asthma Control Test (C-ACT) Scores and Lung Pathophysiologic Indicators in Longitudinal Measurements

Manuscript number (if known): JTD-22-1383

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Time frame: past 36 months			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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

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I have no conflict of interest to declare.

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: 04/02/2023

Your Name: Zhen Li

Manuscript Title: Association between Childhood Asthma Control Test (C-ACT) Scores and Lung Pathophysiologic Indicators in Longitudinal Measurements

Manuscript number (if known): JTD-22-1383

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ICMJE DISCLOSURE FORM

Date: 04/02/2023
Your Name: Yanbo Teng
Manuscript Title: Association between Childhood Asthma Control Test (C-ACT) Scores and Lung Pathophysiologic Indicators in Longitudinal Measurements
Manuscript number (if known): JTD-22-1383

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ICMJE DISCLOSURE FORM

Date: 04/02/2023

Your Name: Lili Lin

Manuscript Title: Association between Childhood Asthma Control Test (C-ACT) Scores and Lung Pathophysiologic Indicators in Longitudinal Measurements

Manuscript number (if known): JTD-22-1383

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11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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

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form.

ICMJE DISCLOSURE FORM

Date: 04/02/2023
Your Name: Qian Wang
Manuscript Title: Association between Childhood Asthma Control Test (C-ACT) Scores and Lung Pathophysiologic Indicators in Longitudinal Measurements
Manuscript number (if known): JTD-22-1383

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13	Other financial or non-financial interests	<u> </u> None	

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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: 04/02/2023

Your Name: Jianguo Hong

Manuscript Title: Association between Childhood Asthma Control Test (C-ACT) Scores and Lung Pathophysiologic Indicators in Longitudinal Measurements

Manuscript number (if known): JTD-22-1383

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Time frame: past 36 months			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
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13	Other financial or non-financial interests	<u> </u> None	

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I have no conflict of interest to declare.

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ICMJE DISCLOSURE FORM

Date: 04/02/2023

Your Name: Yan Lin

Manuscript Title: Association between Childhood Asthma Control Test (C-ACT) Scores and Lung Pathophysiologic Indicators in Longitudinal Measurements

Manuscript number (if known): JTD-22-1383

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11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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

I have no conflict of interest to declare.

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: 08/26/2023

Your Name: Marilyn S Black

Manuscript Title: Association between Childhood Asthma Control Test (C-ACT) Scores and Lung Pathophysiologic Indicators in Longitudinal Measurements

Manuscript number (if known): JTD-22-1383

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Time frame: Since the initial planning of the work			
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.	Chemical Safety Research, Underwriters Laboratories Inc, Marietta, GA, USA.	Me
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	

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

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

Marilyn S Black is an employee of Chemical Safety Research, Underwriters Laboratories Inc, Marietta, GA, USA.

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: 04/02/2023

Your Name: Michael H Bergin

Manuscript Title: Association between Childhood Asthma Control Test (C-ACT) Scores and Lung Pathophysiologic Indicators in Longitudinal Measurements

Manuscript number (if known): JTD-22-1383

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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.	Underwriters Laboratories Inc.	My institution (Duke University)
Time frame: past 36 months			
2	Grants or contracts from	None	

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

The research is funded by Underwriters Laboratories Inc.

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: 04/02/2023

Your Name: Junfeng Zhang

Manuscript Title: Association between Childhood Asthma Control Test (C-ACT) Scores and Lung Pathophysiologic Indicators in Longitudinal Measurements

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11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

<p>I have no conflict of interest to declare.</p>

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.