ICMJE DISCLOSURE FORM

Date:	2023/6/15			
Your Name:	Yan Zhang			
Manuscript Title:_A	Predictive Model for Fre	equent Exacerbator Phenotype of Acute Exacerbations of Chronic		
Obstructive Pulmonary Disease_				
Manuscript number	(if known):JTD-23-	931		

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 <u>current</u> <u>manuscript only</u>.

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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	vNone	
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time innit for this item.		
		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	

5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	vNone	
8	Patents planned, issued or	vNone	
	pending		
9	Participation on a Data	√ None	
	Safety Monitoring Board or	vnone	
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	√_None	
40			
12	Receipt of equipment, materials, drugs, medical	vNone	
	writing, gifts or other		
	services		
13	Other financial or non-	√_None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
_			
	Yan Zhang has nothing to	o disclosure.	

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:	2023/6/15	
Your Name:	Shu-Ping Zheng	
Manuscript Title:_A	Predictive Model for Frequent Exacerbator Phenotype of Acute Exacerbations of Chronic	
Obstructive Pulmonary Disease_		
Manuscript number	(if known):JTD-23-931	

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 <u>current</u> <u>manuscript only</u>.

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

4	Consulting fees	√None		
5	Payment or honoraria for	√None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	√ None		
U	testimony			
7	Support for attending	vNone		
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	and an age and age as a second			
8	Patents planned, issued or	√None		
-	pending			
9	Participation on a Data	√ None		
	Safety Monitoring Board or			
Advisory Board				
10	Leadership or fiduciary role	√None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	v_None		
12	Receipt of equipment,	vNone		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	√ None		
	financial interests			
Ple	ease summarize the above c	onflict of interest in the f	following box:	
_				
	Shu-Ping Zheng has nothing to disclosure.			

Shu-Ping Zheng has nothing to disclosure.		

Please place an "X" next to the	following statement to in	dicate your agreement:
_X I certify that I have answ form.	ered every question and h	ave not altered the wording of any of the questions on this
	ICMJE DIS	CLOSURE FORM
Date: 202	2/6/15	
Your Name: Ya	ng-Fan Hou	
		rbator Phenotype of Acute Exacerbations of Chronic
Obstructive Pulmonary Disease		
Manuscript number (if known)	:JTD-23-931	-
related to the content of your oparties whose interests may be to transparency and does not relationship/activity/interest, if The following questions apply manuscript only. The author's relationships/active to the epidemiology of hypertemedication, even if that medication.	manuscript. "Related" means affected by the content of the author's relationship of the content	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	Name all entities with	Specifications/Comments
	whom you have this	(e.g., if payments were made to you or to your
	relationship or indicate	institution)
	none (add rows as	
	needed) Time frame: Since the initial	planning of the work
1 All support for the present	√ None	
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provision of study materials,		
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2	Grants or contracts from	√None	
	any entity (if not indicated in item #1 above).		
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3	Royalties or licenses	√None	
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4	Consulting fees	√None	
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5	Payment or honoraria for lectures, presentations,	√None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	vNone	
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	√None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	√None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

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

Yang-Fan Hou has nothing to disclosure.	

Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:
_X	I certify that I have answ form.	vered every question and h	ave not altered the wording of any of the questions on this
		ICMJE DIS	CLOSURE FORM
Da	te:202	3/6/15	
Yo	ur Name: Xu	e-Yan Jie	
			rbator Phenotype of Acute Exacerbations of Chronic
	structive Pulmonary Diseas	_	
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rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to	_	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	tem #1 below, report all su time frame for disclosure i		d in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		needed)	
		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		

	processing charges, etc.) No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√None	
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4	Consulting fees	vNone	
5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	√None	
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	√None	
	Safety Monitoring Board or Advisory Board		
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10	Leadership or fiduciary role in other board, society,	v_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	√None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

Xue-Y	an Jie has nothing	to disclosure.		
Please pla	ce an "X" next to th	e following statement to in	dicate your agreement:	
•	tify that I have ansv	-	ave not altered the wording of any of the questions o	n this
		ICMJE DIS	CLOSURE FORM	
Your Nam Manuscrip Obstructiv	e: Do nt Title:_A Predictive re Pulmonary Diseas	an Wang • Model for Frequent Exace e_	rbator Phenotype of Acute Exacerbations of Chronic	- -
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	•	pport for the work reporte is the past 36 months.	d in this manuscript without time limit. For all other i	items
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		Time frame: Since the initia	al planning of the work
1	All support for the present	√None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	√_None	
	any entity (if not indicated in item #1 above).		
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3	Royalties or licenses	vNone	
4	Consulting fees	vNone	
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5	Payment or honoraria for	√None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√_None	
	testimony		
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7	Support for attending	√_None	
	meetings and/or travel		
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8	Patents planned, issued or	√ None	
	pending		
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9	Participation on a Data	√_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√_None	
12	Receipt of equipment,	√None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	√None					
	financial interests						
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	Dan Wang has nothing t	o disclosure.					
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	form.						
	ICMJE DISCLOSURE FORM						
Da	te· 200	23/6/15					
Yo	ur Name: Ho	ong-Ju Da					
			cerbator Phenotype of Acute Exacerbations of Chronic				
	Obstructive Pulmonary Disease_						
M	Manuscript number (if known):JTD-23-931						
			all relationships/activities/interests listed below that are				
			eans any relation with for-profit or not-for-profit third				
•	•	•	of the manuscript. Disclosure represents a commitment				
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re	ationship/activity/interest,	it is preferable that you o	10 SO.				
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m	anuscript only.						

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		Name all entities with	Specifications/Comments
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		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution) al 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.	None	
		Time frame: pas	et 26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	st so months
3	Royalties or licenses	vNone	
4	Consulting fees	vNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	v_None	
6	Payment for expert testimony	vNone	
7	Support for attending meetings and/or travel	v_None	
8	Patents planned, issued or pending	vNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	vNone	
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10	Leadership or fiduciary role in other board, society,	vNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	

Receipt of equipment, materials, drugs, medical writing, gifts or other services	T RECEINT OT EQUINMENT		
writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: Hong-Ju Da has nothing to disclosure. 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			
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Other financial or non- financial interests Please summarize the above conflict of interest in the following box: Hong-Ju Da has nothing to disclosure. 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			
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Hong-Ju Da has nothing to disclosure. 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	financial interests		
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Date:2023/6/15		3/6/15	
Your Name: Hong-Xin Li_	Date: 202		
Manuscript Title:_A Predictive Model for Frequent Exacerbator Phenotype of Acute Exacerbations of Chronic	Date:207 /our Name: He	ng-Xin Li	
Obstructive Pulmonary Disease	/our Name: Ho	ng-Xin Li	
Manuscript number (if known): JTD-23-931	Your Name: Ho Manuscript Title:_A Predictive	ng-Xin Li Model for Frequent Exacerbator Phenotype of Acute Exacerbation	

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Lan		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.	vNone	
		Time frame, nect	26 months
2	Grants or contracts from	Time frame: past √ None	56 months
2	any entity (if not indicated	vNone	
	in item #1 above).		
3	Royalties or licenses	√ None	
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4	Consulting fees	√ None	
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5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√ None	
	testimony		
7	Support for attending meetings and/or travel	√None	
8	Patents planned, issued or	√None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	√_None	
	Advisory Board		
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10	Leadership or fiduciary role in other board, society,	√None	
	committee or advocacy		
	committee of advocacy		

	group, paid or unpaid			
11	Stock or stock options	√_None		
2	Receipt of equipment,	√None		
	materials, drugs, medical			
	writing, gifts or other services			
.3	Other financial or non-	√ None		
.5	financial interests	vNone		
	·	-	at to indicate your agreement: and have not altered the wording of any of the questic	ons on t
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	v_None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	v_None	
6	Payment for expert testimony	vNone	
7	Support for attending meetings and/or travel	v_None	
8	Patents planned, issued or pending	vNone	
9	Participation on a Data Safety Monitoring Board or	vNone	

	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√ None	
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12	Receipt of equipment,	√None	
	materials, drugs, medical		
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13	Other financial or non-	√None	
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	Jin He has nothing to dis	sciosure.	
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Da	te: 202	02/6/15	
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Yo	ur Name: Ho	ong-Yan Zhao	
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Yo Ma	ur Name: Ho nuscript Title:_A Predictive	ong-Yan Zhao Model for Frequent Exace	rbator Phenotype of Acute Exacerbations of Chronic
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	v_None	
3	Royalties or licenses	v_None	
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	vNone	
8	Patents planned, issued or	√ None	

	pending					
9	Participation on a Data Safety Monitoring Board or Advisory Board	vNone				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	vNone				
11	Stock or stock options	v_None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	vNone				
13	Other financial or non- financial interests	vNone				
Г	ase summarize the above o		ollowing box:			
Ple		ning to disclosure.	ndicate your agree		any of the qu	estions on t
Ple	Hong-Yan Zhao has noth ase place an "X" next to the I certify that I have answ form.	e following statement to i	ndicate your agree have not altered t	the wording of		
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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 <u>current manuscript only</u>.

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, medical writing, article	√None	
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	vNone	
	in item #1 above).		
3	Royalties or licenses	vNone	
4	Consulting fees	√None	
5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	√ None	
3	testimony		
7	Support for attending	v_None	

	meetings and/or travel		
	Patents planned, issued or pending	vNone	
	Periami		
	Participation on a Data Safety Monitoring Board or Advisory Board	v_None	
0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	vNone	
.1	Stock or stock options	v_None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	vNone	
3	Other financial or non-	vNone	
Ple	financial interests ase summarize the above of	onflict of interest in the f	ollowing box:
Ple	ase summarize the above of Jiang-Hao Liu has nothing ase place an "X" next to the	ng to disclosure.	indicate your agreement:
Ple	ase summarize the above of Jiang-Hao Liu has nothing ase place an "X" next to the	ng to disclosure.	
Ple	ase summarize the above of Jiang-Hao Liu has nothing ase place an "X" next to the I certify that I have answ	ng to disclosure. e following statement to vered every question and	indicate your agreement:
Ple_X_	ase summarize the above of Jiang-Hao Liu has nothing ase place an "X" next to the I certify that I have answ form.	e following statement to vered every question and	indicate your agreement: have not altered the wording of any of the questions on t

Manuscript number (if known):	_JTD-23-931
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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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,	v None	
	provision of study materials,		
	medical writing, article		
	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 any entity (if not indicated	v_None	
	in item #1 above).		
3	Royalties or licenses	√ None	
3	Royalties of licenses	√None	
4	Consulting fees	√ None	
-	consuming rees		
5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		

6	Payment for expert testimony	v None	
7	Support for attending meetings and/or travel	vNone	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	v None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	v None	
11	Stock or stock options	vNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	v_None	
13	Other financial or non- financial interests	vNone	
Ple	ase summarize the above c		llowing box:

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

6 Payment for expert

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

Date:	2023/6/15
Your Name:	Zhi-Hui Qiang
Manuscript Title:_A	Predictive Model for Frequent Exacerbator Phenotype of Acute Exacerbations of Chronic
Obstructive Pulmon	ary Disease_
Manuscript number	(if known): JTD-23-931

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	vNone	
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	vNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	vNone	
13	Other financial or non- financial interests	vNone	
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	Zhi-Hui Qiang has nothii	ng to disclosure.	

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:	2023/6/15	
Your Name:	Wei Li	
Manuscript Title:_A	Predictive Model for	Frequent Exacerbator Phenotype of Acute Exacerbations of Chronic
Obstructive Pulmon	ary Disease_	
Manuscript number	(if known):JTD-	23-931
•		

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 <u>current</u> <u>manuscript only</u>.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	√None	

4	Consulting fees	√None	
5	Payment or honoraria for	√None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√ None	
	testimony		
7	Support for attending	√None	
	meetings and/or travel		
_			
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data		
9	Safety Monitoring Board or	vNone	
	Advisory Board		
10	Leadership or fiduciary role	√None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	√None	
	services		
13	Other financial or non-	√None	
	financial interests		
		(I) . ()	
Ple	ase summarize the above o	onflict of interest in the foll	owing box:

Wei Li has nothing to disclosure.		

Ple	Please place an "X" next to the following statement to indicate your agreement:				
_X	_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.				
		ICMJE DIS	CLOSURE FORM		
Da	te:202	23/6/15			
Yo Ma Ob	ur Name:Mi nuscript Title:_A Predictive structive Pulmonary Diseas	ng Zhang Model for Frequent Exace e_	rbator Phenotype of Acute Exacerbations of Chronic		
rel to rel The ma	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				
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other items		
		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.)				

Time frame: past 36 months

√_None

No time limit for this item.

Grants or contracts from

2

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	vNone	
4	Consulting fees		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	v_None	
6	Payment for expert testimony		
7	Support for attending meetings and/or travel	vNone	
8	Patents planned, issued or pending	vNone	
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	v_None	
11	Stock or stock options	v_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	v_None	
Die	ase summarize the above c	anflist of interest in the fo	lowing hove

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

N	Ming Zhang has nothing to disclosure.		

Ple	ease place an "X" next to the	e following statement to in	dicate your agreement:		
_X	_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.				
		ICMJE DIS	CLOSURE FORM		
Da	te: 202	23/6/15			
Yo	ur Name:Hu	Shan	rbator Phenotype of Acute Exacerbations of Chronic		
Ob	structive Pulmonary Diseas	e_			
Ma	anuscript number (if known)):JTD-23-931			
rel pa to	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.				
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive 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	Specifications/Comments		
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
		Time frame: Since the initia	planning of the work		
1	All support for the present	√None			
	manuscript (e.g., funding,				
	provision of study materials	i	1		

medical writing, article

	processing charges, etc.) No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√None	
	C III C		
4	Consulting fees	vNone	
5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	√None	
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	√None	
	Safety Monitoring Board or Advisory Board		
	•		
10	Leadership or fiduciary role in other board, society,	v_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	√None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

Ple	Please summarize the above conflict of interest in the following box:				
	Hu Shan has nothing to disclosure.				
Ple	ease place an "X" next to the	e following statement to inc	dicate your agreement:		
_X		vered every question and ha	ave not altered the wording of any of the questions on	this	
	form.	ICMJE DIS	CLOSURE FORM		
Da	te:202	23/6/15			
Ma Ob	nuscript Title:_A Predictive structive Pulmonary Diseas	Model for Frequent Exace e_	bator Phenotype of Acute Exacerbations of Chronic		
rel par to	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.				
	e following questions apply nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>		
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.					
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	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as needed)			
		Time frame: Since the initial	planning of the work		
			or the work		

All support for the present

_√__None

	manuscript (e.g., funding, provision of study materials, medical writing, article 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 in item #1 above).		
3	Royalties or licenses	√None	
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4	Consulting fees	√None	
5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	vNone	
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data Safety Monitoring Board or	vNone	
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	√None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

Please summarize the above of	onflict of interest in the fo	llowing box:
Yuan-Yuan Wu has noth	ning to disclosure.	
Please place an "X" next to th	e following statement to in	ndicate your agreement:
_X I certify that I have answ	vered every question and h	nave not altered the wording of any of the questions on th
form.		
	ICMJE DIS	SCLOSURE FORM
Date: 20	22/6/15	
Your Name: Ho		
		erbator Phenotype of Acute Exacerbations of Chronic
Obstructive Pulmonary Diseas		
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related to the content of your parties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.
The following questions apply manuscript only.	to the author's relationshi	ips/activities/interests as they relate to the current
_		<u>defined broadly</u> . For example, if your manuscript pertains
to the epidemiology of hypert medication, even if that medi-	· •	e all relationships with manufacturers of antihypertensive
medication, even in that medical	tation is not mentioned in	the manuscript.
In item #1 below, report all su the time frame for disclosure		ed in this manuscript without time limit. For all other item
	Name all entities with	Specifications/Comments
	whom you have this	(e.g., if payments were made to you or to your

		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding,	vNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time infinction this item.		
		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	
	0 111 6		
4	Consulting fees	vNone	
5	Payment or honoraria for	√ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert		
0	testimony	vNone	
7	Support for attending meetings and/or travel	vNone	
	5 ,		
8	Patents planned, issued or	√None	
	pending		
	5 5 .		
9	Participation on a Data Safety Monitoring Board or	v_None	
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	/ Name	
11	Stock or stock options	vNone	
12	Receipt of equipment,	√None	

	materials, drugs, medical writing, gifts or other					
	services					
13	Other financial or non-	√None				
	financial interests					
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:			
	Hong-Yang Shi has nothi	ng to disclosure.				
DI-		faller to a state or and to t	and the state of t			
PIE	ease place an "X" next to the	tollowing statement to ii	ndicate your agreement:			
_X	I certify that I have answ	ered every question and	have not altered the wording of any of the questions on tl			
	form.	, ,	· , , ,			
		ICMJE DI	SCLOSURE FORM			
Da	te:202	3/6/15				
Yo	ur Name:Lia	ng Zeng				
		-	erbator Phenotype of Acute Exacerbations of Chronic			
	structive Pulmonary Diseas	_				
Ma	Manuscript number (if known):JTD-23-931					

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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)
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.	Time frame: Since the initia	If planning or the work
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	v None	
3	Royalties or licenses	v_None	
4	Consulting fees	vNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	v_None	
6	Payment for expert testimony	v None	
	,		
7	Support for attending meetings and/or travel	v_None	
8	Patents planned, issued or pending	v None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	vNone	
10	Leadership or fiduciary role	√None	

			T	
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	vNone		
12	Receipt of equipment,	√None		
	materials, drugs, medical writing, gifts or other			
40	services			
13	Other financial or non-	Chongqing Nanpeng		
	financial interests	Artificial Intelligence Technology Research		
		Institute Co., Ltd.		
		(Chongqing).		
		(Chongqing).		
Please summarize the above conflict of interest in the following box: Liang Zeng is an employee of Chongqing Nanpeng Artificial Intelligence Technology Research Institute Co., Ltd. (Chongqing).				
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			
Da	Date:2023/6/15			
Yo	Date: 2023/6/15 Your Name: Xin Sun			
M: Ok	Manuscript Title:_A Predictive Model for Frequent Exacerbator Phenotype of Acute Exacerbations of Chronic Obstructive Pulmonary Disease_ Manuscript number (if known):JTD-23-931			

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

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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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	vNone	
		_, _	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past√None	36 months
3	Royalties or licenses	vNone	
4	Consulting fees	√None	
	0		
5	Payment or honoraria for	√_None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	v_None	

	Patents planned, issued or	√None	
	pending		
	Participation on a Data Safety Monitoring Board or	vNone	
	Advisory Board		
)	Leadership or fiduciary role in other board, society,	/ None	
	committee or advocacy		
1	group, paid or unpaid Stock or stock options	vNone	
·	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
3	services Other financial or non-	Chongqing Nanpeng	
•	financial interests	Artificial Intelligence	
		Technology Research Institute Co., Ltd.	
		(Chongqing).	
	Xin Sun is an employee of the American Sun is an employee of the Institute Co., Ltd. (Chong	of Chongqing Nanpeng A	Iowing box:
	ease place an "X" next to the I certify that I have answ form.	-	dicate your agreement: ave not altered the wording of any of the questions on
ICMJE DISCLOSURE FORM			
)a	te:202	3/6/15	

Your Name:	Yun Liu	
Manuscript Tit	e:_A Predictive Model for Frequ	ent Exacerbator Phenotype of Acute Exacerbations of Chronic
Obstructive Pu	lmonary Disease_	
Manuscript nu	mber (if known):JTD-23-931	

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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	√None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	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		
	in item #1 above).		
3	Royalties or licenses	√None	
4	Consulting fees	√None	
5	Payment or honoraria for lectures, presentations,	v_None	
	rectares, presentations,		

	speakers bureaus, manuscript writing or educational events			
6	Payment for expert	√None		
	testimony			
7	Support for attending meetings and/or travel	√None		
8	Patents planned, issued or pending	√None		
	pending			
9	Participation on a Data	√None		
,	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	√ None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	√ None		
11	Stock of Stock options			
12	Receipt of equipment,	√None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	√ None		
13	financial interests			
Ple	Please summarize the above conflict of interest in the following box: Yun Liu has nothing to disclosure.			
Ple	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.