| Date | e:2023/10/ | ⁷ 24 | |
|------------------------|---|--|---|
| You | r Name: Yingi | iao Oin | |
| | nuscript Title: Mechan nuscript number (if known): | | pe inflammatory factors in in asthma |
| relat part to tr | ted to the content of your n ies whose interests may be | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. | 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 so. |
| | following questions apply t uscript only. | o the author's relationshi | ps/activities/interests as they relate to the current |
| to th | | nsion, you should declare | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. |
| | em #1 below, report all sup time frame for disclosure is | · · · · · · · · · · · · · · · · · · · | 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 initi | 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.) | XNone | |
| | No time limit for this item. | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pas | st 36 months |
| 3 | Royalties or licenses | XNone | |

Consulting fees

_X__None

| 5 | Payment or honoraria for | XNone | | |
|------|---|--------------------------------|------------|---|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | _ |
| | pending | | | |
| | 5 5 . | V N | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | _ |
| | Advisory Board | | | _ |
| 10 | Leadership or fiduciary role | X None | | _ |
| 10 | in other board, society, | | | _ |
| | committee or advocacy | | | _ |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
| | · | | | |
| | | | | |
| 12 | Receipt of equipment, | XNone | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
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| Plea | se summarize the above co | nflict of interest in the foll | owing box: | |
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| N | lone | | | |

| Date | 2023/10/24 | | | |
|--------------------------|--|--|--|--|
| Your | Name: Chang Liu | | | |
| Man | uscript Title: Mechanistic | analysis of Th2-type | e inflammatory factors in in asthma | |
| iviaii | ascript named (ii known) | | | |
| relat parti to tra | ted to the content of your manus ies whose interests may be affec | script. "Related" mean cted by the content of sarily indicate a bias. I | elationships/activities/interests listed below that are is any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a o. | |
| | The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u> . | | | |
| to th | | , you should declare a | efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript. | |
| | em #1 below, report all support f time frame for disclosure is the p | • | in this manuscript without time limit. For all other items | |
| | who rela non | ne all entities with om you have this itionship or indicate ie (add rows as | Specifications/Comments (e.g., if payments were made to you or to your institution) | |

| | | whom you have this relationship or indicate none (add rows as needed) | (e.g., if payments were made to you or to your institution) |
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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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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

| Date: | _2023/10/24 |
|---------------------|--|
| Your Name: | Qi Li |
| Manuscript Title: | Mechanistic analysis of Th2-type inflammatory factors in in asthma |
| 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.

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

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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) |
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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. | XNone | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | XNone | | | |
|------|---|--------|--|--|--|
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| | testimony | | | | |
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| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
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| 9 | Participation on a Data | XNone | | | |
| | Safety Monitoring Board or Advisory Board | | | | |
| 10 | Leadership or fiduciary role | X None | | | |
| 10 | in other board, society, | | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical | XNone | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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None

| | _2023/10/24 |
|------------------------|--|
| | Xiangdong Zhou |
| Manuscript Title: | Mechanistic analysis of Th2-type inflammatory factors in in asthma |
| Manuscript number (i | f known): |
| related to the content | sparency, we ask you to disclose all relationships/activities/interests listed below that are t of your manuscript. "Related" means any relation with for-profit or not-for-profit third ts may be affected by the content of the manuscript. Disclosure represents a commitment |

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.

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | XNone | | | |
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| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
| | | | | | |

None

| Date: | 2023/10/24 |
|--|---|
| Your Name: | Jie Wang |
| Manuscript Title: | Mechanistic analysis of Th2-type inflammatory factors in in asthma |
| Manuscript numbe | r (if known): |
| related to the conto parties whose inter to transparency and relationship/activit | ansparency, we ask you to disclose all relationships/activities/interests listed below that are ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third ests may be affected by the content of the manuscript. Disclosure represents a commitment does not necessarily indicate a bias. If you are in doubt about whether to list a y/interest, it is preferable that you do so. |
| The following quest manuscript only. | tions apply to the author's relationships/activities/interests as they relate to the <u>current</u> |

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|------|---|--------|--|--|--|
| | manuscript writing or educational events | | | | |
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| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| _ | Double institute on a Date | V Name | | | |
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| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | X None | | | |
| | in other board, society, | | | | |
| | committee or advocacy | | | | |
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| 11 | Stock or stock options | XNone | | | |
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| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- financial interests | XNone | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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None