

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Saeid

2. Surname (Last Name)
Ghavami

3. Date
26-April-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Autophagy Activation in Asthma Airways Remodeling.

6. Manuscript Identifying Number (if you know it)
Red-2018-0169OC.R1

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Dr. Ghavami has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) BRian	2. Surname (Last Name) Oliver	3. Date 01-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pawan Sharma
5. Manuscript Title Autophagy Activation in Asthma Airways Remodeling		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Mehra	2. Surname (Last Name) Haghi	3. Date 26-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pawan Sharma
5. Manuscript Title Autophagy Activation in Asthma Airways Remodeling		
6. Manuscript Identifying Number (if you know it) Red-2018-0169OC.R1		

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Dr. Haghi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Deepak

2. Surname (Last Name)
Deshpande

3. Date
30-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title
Autophagy activation in asthma airways remodeling

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Kielan	2. Surname (Last Name) McAlinden	3. Date 26-April-2019
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Yes No

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Autophagy Activation in Asthma Airways Remodeling

6. Manuscript Identifying Number (if you know it)

Red-2018-0169OC.R1

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Other: Anything not covered under the previous three boxes

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1. Given Name (First Name)

Dikaia (Dia0)

2. Surname (Last Name)

Xenaki

3. Date

29-April-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

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1. Given Name (First Name) Sukhwinder Singh	2. Surname (Last Name) Sohal	3. Date 26-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pawan Sharma
5. Manuscript Title Autophagy Activation in Asthma Airways Remodeling		
6. Manuscript Identifying Number (if you know it) Red-2018-0169OC.R1		

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