

ICMJE DISCLOSURE FORM

Date: May. 2nd, 2021

Your Name: Zhingqiang Wang

Manuscript Title: Altered Gut Microbiome Compositions are Associated with the Severity of Asthma

Manuscript number (if known): JTD-20-2189

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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		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	The Natural Science Foundation of Guangdong Province (Grant no. 2019A1515010622)	None

	processing charges, etc.) No time limit for this item.	The Foundation for High-Level University Construction of Guangzhou Medical University (Professor Kian Fan Chung project, Grant no.B195002010041)	None
		The Precision Medicine Research of the National Key Research and Development Plan of China (Grant no. 2016YFC0905800)	None

Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert	None	

	testimony		
7	Support for attending meetings and/or travel	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:

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: May. 2nd, 2021

Your Name: Zhengdao Lai

Manuscript Title: Altered Gut Microbiome Compositions are Associated with the Severity of Asthma

Manuscript number (if known): JTD-20-2189

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ICMJJE DISCLOSURE FORM

Date: May. 2nd, 2021

Your Name: Xiaoxian Zhang

Manuscript Title: Altered Gut Microbiome Compositions are Associated with the Severity of Asthma

Manuscript number (if known): JTD-20-2189

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ICMJE DISCLOSURE FORM

Date: May. 2nd, 2021
Your Name: Peikai Huang
Manuscript Title: Altered Gut Microbiome Compositions are Associated with the Severity of Asthma
Manuscript number (if known): JTD-20-2189

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ICMJE DISCLOSURE FORM

Date: ___ May. 2nd, 2021 ___

Your Name: ___ Qian Jiang ___

Manuscript Title: ___ Altered Gut Microbiome Compositions are Associated with the Severity of Asthma ___

Manuscript number (if known): ___ JTD-20-2189 ___

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Table with 4 columns: Item #, Description, Name of entity, Specifications/Comments. Includes a header row for the time frame 'Since the initial planning of the work' and a data row for item 1 regarding funding from The Natural Science Foundation of Guangdong Province.

	processing charges, etc.) No time limit for this item.	The Foundation for High-Level University Construction of Guangzhou Medical University (Professor Kian Fan Chung project, Grant no.B195002010041)	None
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Date: May. 2nd, 2021

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