ICMJE DISCLOSURE FORM

Date: __2021-07-06__________________________

Your Name: _____ Haiyu Guan ______________________________________________

Manuscript Title: _Triptolide inhibits neutrophil extracellular trap formation ________

Manuscript number (if known): ________________________________________________

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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.** | National Natural Science Foundation of China (81774038),
Guangdong Province Natural Science Foundation (2021A1515011672)
the President's Foundation of Integrated Traditional Chinese and Western Medicine Hospital of Southern Medical University (1201902002). |

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
|   | Description                                                                 | Notes       |
|---|-----------------------------------------------------------------------------|-------------|
| 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 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                                   | _√_ None    |

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Date: __2021-07-06_______________________________________________________________
Your Name: _____ Lifen Xie ____________________________________________________
Manuscript Title: _ Triptolide inhibits neutrophil extracellular trap formation __________
Manuscript number (if known):__________________________________________________

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Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Financial or Non-Financial Interest | Yes/No/None |
|---|-----------------------------------|-------------|
| 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 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 | None |

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

Dr. Xie received grant from three foundations as follows: the National Natural Science Foundation of China (81774038), the Guangdong Province Natural Science Foundation (2021A1515011672), and the President’s Foundation of Integrated Traditional Chinese and Western Medicine Hospital of Southern Medical University (1201902002).
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ICMJE DISCLOSURE FORM

Date: __2021-07-06______________________________

Your Name: _Zhenzhen Ji______________________________________________________________

Manuscript Title: _Triptolide inhibits neutrophil extracellular trap formation ___________
Manuscript number (if known): ______________________________________________________

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Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Answer     |
|---|-----------------------------------------------------------------------------|------------|
| 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 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                                  | √ None     |

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

Dr. Ji received grant from three foundations as follows: the National Natural Science Foundation of China (81774038), the Guangdong Province Natural Science Foundation (2021A1515011672), and the President’s Foundation of Integrated Traditional Chinese and Western Medicine Hospital of Southern Medical University (1201902002).
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Date: __2021-07-06______________________________
Your Name: ____Rui Song______________________________
Manuscript Title: __Triptolide inhibits neutrophil extracellular trap formation________
Manuscript number (if known): ____________________________________________________________

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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|   | **No time limit for this item.**                                                               |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _√__None                                                                          |
| 3 | Royalties or licenses                                                                         | _√__None                                                                          |
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|   | Question                                                                 | Response |
|---|-------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,    | √ None   |
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| 7 | Support for attending meetings and/or travel                            | √ None   |
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|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other | √ None   |
|   | services                                                                 |          |
|13 | Other financial or non-financial interests                              | √ None   |

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

Dr. Song has nothing to disclose.

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

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Date: 2021-07-06
Your Name: Jieying Qi
Manuscript Title: Triptolide inhibits neutrophil extracellular trap formation

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Time frame: past 36 months
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|   | manuscript writing or educational events                                     |        |         |
| 6 | Payment for expert testimony                                                | _√_    | None    |
| 7 | Support for attending meetings and/or travel                                 | _√_    | None    |
| 8 | Patents planned, issued or pending                                          | _√_    | None    |
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|   | group, paid or unpaid                                                        |        |         |
| 11| Stock or stock options                                                       | _√_    | None    |
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ICMJE DISCLOSURE FORM

Date: 2021-07-06

Your Name: Xiaoli Nie

Manuscript Title: Triptolide inhibits neutrophil extracellular trap formation

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Time frame: past 36 months
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| 6 | Payment for expert testimony                                                 |    |      |
| 7 | Support for attending meetings and/or travel                                 |    |      |
| 8 | Patents planned, issued or pending                                          |    |      |
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