ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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**Royalties:** Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

| 1. Given Name (First Name) | Yonglin |
|---------------------------|---------|
| 2. Surname (Last Name)    | Mai     |
| 3. Date                   | 14-June-2020 |
| 4. Are you the corresponding author? | Yes ☐ No ☑ |

#### Corresponding Author’s Name

Ruchong Chen, Kefang Lai

| 5. Manuscript Title         | Methods for Assessing Cough Sensitivity |
|-----------------------------|----------------------------------------|

| 6. Manuscript Identifying Number (if you know it) | JTD-2020-ICC-005 |

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Mai has no conflicts of interest to declare.

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Liman                     | Fang                   | 14-June-2020 |

4. Are you the corresponding author?  Yes ✔ No

5. Manuscript Title
   Methods for Assessing Cough Sensitivity

6. Manuscript Identifying Number (if you know it)
   JTD-2020-ICC-005

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Shuxin

2. **Surname (Last Name)**  
   Zhong

3. **Date**  
   14-June-2020

4. **Are you the corresponding author?**  
   Yes

5. **Manuscript Title**  
   Methods for Assessing Cough Sensitivity

6. **Manuscript Identifying Number (if you know it)**  
   JTD-2020-ICC-005

### Section 2. The Work Under Consideration for Publication

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| S. Dushinka                | de Silva               | 14-June-2020 |

4. Are you the corresponding author?  
   - Yes  
   - No — Checked

5. Manuscript Title  
   Methods for Assessing Cough Sensitivity

6. Manuscript Identifying Number (if you know it)  
   JTD-2020-ICC-005

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Dr. de Silva has no conflicts of interest to declare.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ruchong

2. Surname (Last Name)  
   Chen

3. Date  
   14-June-2020

4. Are you the corresponding author?  
   ✔ Yes  
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6. Manuscript Identifying Number (if you know it)  
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Grant: A grant from an entity, generally [but not always] paid to your organization

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1. Given Name (First Name)  Kefang
2. Surname (Last Name) Lai
3. Date 14-June-2020
4. Are you the corresponding author? ✔ Yes □ No
5. Manuscript Title
Methods for Assessing Cough Sensitivity
6. Manuscript Identifying Number (if you know it)
JTD-2020-ICC-005

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Dr. Lai has no conflicts of interest to declare.

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