ICMJE DISCLOSURE FORM

Date: Apr. 25th, 2021
Your Name: Haipeng Pang
Manuscript Title: Polymorphism of the Inflammasome-related Gene CARD8 Is Associated with GADA Positivity in Patients with Type 1 Diabetes Mellitus
Manuscript number (if known): ATM-21-1126

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 current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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 processing charges, etc.)       | _X_ None                                                                        | Or else state the reason for no disclosure.       |
|   | **No time limit for this item.**                                                 |                                                                                 |                                                  |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).       | _X_ None                                                                        |                                               |
| 3 | Royalties or licenses                                                           | _X_ None                                                                        |                                               |
| 4 | Consulting fees                                                                 | _X_ None                                                                        |                                               |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
| 6 | Payment for expert testimony                                                | __X__ None |
| 7 | Support for attending meetings and/or travel                                 | __X__ None |
| 8 | Patents planned, issued or pending                                           | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | __X__ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11| Stock or stock options                                                       | __X__ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13| Other financial or non-financial interests                                   | __X__ 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:

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ICMJE DISCLOSURE FORM

Date: Apr. 25th, 2021
Your Name: Xiaoxiao Sun
Manuscript Title: Polymorphism of the Inflammasome-related Gene CARD8 Is Associated with GADA Positivity in Patients with Type 1 Diabetes Mellitus
Manuscript number (if known): ATM-21-1126

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

Payment for expert testimony

Support for attending meetings and/or travel

Patents planned, issued or pending

Participation on a Data Safety Monitoring Board or Advisory Board

Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid

Stock or stock options

Receipt of equipment, materials, drugs, medical writing, gifts or other services

Other financial or non-financial interests

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ICMJE DISCLOSURE FORM

Date: Apr. 25th, 2021
Your Name: Shuoming Luo
Manuscript Title: Polymorphism of the Inflammasome-related Gene CARD8 Is Associated with GADA Positivity in Patients with Type 1 Diabetes Mellitus
Manuscript number (if known): ATM-21-1126

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| **X**_None | |

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| **X**_None | |

| 3 Royalties or licenses | 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) |
| **X**_None | |

| 4 Consulting fees | 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) |
| **X**_None | |
|   | Description                                                                                          | X | None |
|---|-----------------------------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                                         | X | None |
| 7 | Support for attending meetings and/or travel                                                           | X | None |
| 8 | Patents planned, issued or pending                                                                     | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                      | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid       | X | None |
| 11| Stock or stock options                                                                               | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                       | X | None |
| 13| Other financial or non-financial interests                                                              | X | None |

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ICMJE DISCLOSURE FORM

Date: Apr. 25th, 2021
Your Name: Jian Lin
Manuscript Title: Polymorphism of the Inflammasome-related Gene CARD8 Is Associated with GADA Positivity in Patients with Type 1 Diabetes Mellitus
Manuscript number (if known): ATM-21-1126

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|   |                                                                                     |                                                                                   |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __ X__ None                                                                          |
|   |                                                                                     |                                                                                   |
| 3 | Royalties or licenses | __ X__ None                                                                           |
|   |                                                                                     |                                                                                   |
| 4 | Consulting fees | __ X__ None                                                                           |
|   |                                                                                     |                                                                                   |
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| 6 | Payment for expert testimony | ___ X ___ None |
| 7 | Support for attending meetings and/or travel | ___ X ___ None |
| 8 | Patents planned, issued or pending | ___ X ___ None |
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| 11 | Stock or stock options | ___ X ___ None |
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| 13 | Other financial or non-financial interests | ___ X ___ None |

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ICMJE DISCLOSURE FORM

Date: Apr. 25th, 2021
Your Name: Xiejie Shi
Manuscript Title: Polymorphism of the Inflammasome-related Gene CARD8 Is Associated with GADA Positivity in Patients with Type 1 Diabetes Mellitus
Manuscript number (if known): ATM-21-1126

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|   | **Time frame: past 36 months**                                                                                                                                            |                                                                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                           | _X_ None                                                                                                                        |
|   |                                                                                                                                   |                                                                                                                                   |
| 3 | Royalties or licenses                                                                                                                                                           | _X_ None                                                                                                                        |
|   |                                                                                                                                   |                                                                                                                                   |
| 4 | Consulting fees                                                                                                           | _X_ None                                                                                                                        |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                | X None |
| 7 | Support for attending meetings and/or travel                                | X None |
| 8 | Patents planned, issued or pending                                          | X None |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                       | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                   | X None |

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None.

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Date: Apr. 25th, 2021
Your Name: Yang Xiao
Manuscript Title: Polymorphism of the Inflammasome-related Gene CARD8 Is Associated with GADA Positivity in Patients with Type 1 Diabetes Mellitus
Manuscript number (if known): ATM-21-1126

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| 3 | Royalties or licenses                                                                         | __ X__None                                                                 |
| 4 | Consulting fees                                                                               | __ X__None                                                                 |
|   | Time frame: past 36 months                                                                     |                                                                                   |
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None   |
| 6 | Payment for expert testimony                                              | X None   |
| 7 | Support for attending meetings and/or travel                              | X None   |
| 8 | Patents planned, issued or pending                                        | X None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         | X None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
| 11| Stock or stock options                                                    | X None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
| 13| Other financial or non-financial interests                                | X None   |

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Date: Apr. 25th, 2021
Your Name: Gan Huang
Manuscript Title: Polymorphism of the Inflammasome-related Gene CARD8 Is Associated with GADA Positivity in Patients with Type 1 Diabetes Mellitus
Manuscript number (if known): ATM-21-1126

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| 3 | Royalties or licenses | _X_ None                                                                 |
| 4 | Consulting fees | _X_ None                                                                 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                 | X | None |
| 7 | Support for attending meetings and/or travel                                  | X | None |
| 8 | Patents planned, issued or pending                                            | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                        | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                    | X | None |

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Date: Apr. 25th, 2021
Your Name: ___Xia Li___
Manuscript Title: ___Polymorphism of the Inflammasome-related Gene CARD8 Is Associated with GADA Positivity in Patients with Type 1 Diabetes Mellitus___
Manuscript number (if known): ___ATM-21-1126___

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|   | __X__None                                                                                       |                                                                                      |
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|   | __X__None                                                                                       |                                                                                      |
|   | **Time frame: past 36 months**                                                                  |                                                                                      |
| 3 | Royalties or licenses                                                                          | _X__None                                                                          |
|   | __X__None                                                                                       |                                                                                      |
| 4 | Consulting fees                                                                                 | _X__None                                                                          |
|   | __X__None                                                                                       |                                                                                      |
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|11 | Stock or stock options                                                                            | __X__ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                   | __X__ None |
|13 | Other financial or non-financial interests                                                          | __X__ None |

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ICMJE DISCLOSURE FORM

Date: Apr. 25th, 2021
Your Name: ___Zhiguo Xie___
Manuscript Title: ___ Polymorphism of the Inflammasome-related Gene CARD8 Is Associated with GADA Positivity in Patients with Type 1 Diabetes Mellitus ___
Manuscript number (if known): ___ATM-21-1126___

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|   |                                                                                             |                                                                                |
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|   |                                                                                             |                                                                                |
| 4 | Consulting fees                                                                             | ___ X _None                                                                     |
|   |                                                                                             |                                                                                |
|   | Description                                                                 | None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X    |
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| 8 | Patents planned, issued or pending                                          | X    |
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| 11| Stock or stock options                                                      | X    |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X |
| 13| Other financial or non-financial interests                                  | X    |

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ICMJE DISCLOSURE FORM

Date: Apr. 25th, 2021
Your Name: ___Zhiguang Zhou___
Manuscript Title: ___Polymorphism of the Inflammasome-related Gene CARD8 Is Associated with GADA Positivity in Patients with Type 1 Diabetes Mellitus___
Manuscript number (if known): ___ATM-21-1126___

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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X 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.