ICMJE DISCLOSURE FORM

Date:____Dec. 30, 2021____
Your Name:___ Qiuliang Zhao___
Manuscript Title:_____ A comprehensive investigation of the demographics, treatments, comorbidities, and disease burden of chronic rhinosinusitis with nasal polyposis patients: a descriptive analysis_____ 
Manuscript number (if known):________________________________________________

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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| **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                                                                          |
|   | **No time limit for this item.**                                                           |                                                                                  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
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| 13 | Other financial or non-financial interests | _X_ None |

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Date:_____Dec. 30, 2021_____  
Your Name:____ Li Yu____  
Manuscript Title:_____ A comprehensive investigation of the demographics, treatments, comorbidities, and disease burden of chronic rhinosinusitis with nasal polyposis patients: a descriptive analysis_____  
Manuscript number (if known):______________________________________________________________

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Date:____Dec. 30, 2021____
Your Name:____Peng Jin____
Manuscript Title:____A comprehensive investigation of the demographics, treatments, comorbidities, and disease burden of chronic rhinosinusitis with nasal polyposis patients: a descriptive analysis____
Manuscript number (if known):__________________________________________________________________________

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Time frame: since the initial planning of the work

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Date:____Dec. 30, 2021____
Your Name:___ Wen Ma__
Manuscript Title:_____ A comprehensive investigation of the demographics, treatments, comorbidities, and disease burden of chronic rhinosinusitis with nasal polyposis patients: a descriptive analysis____
Manuscript number (if known):______________________________________________________________

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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | X   | None |
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| 6 | Payment for expert testimony                                               | X   | None |
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Date:_____Dec. 30, 2021____
Your Name:___ Shuonan Duan ___
Manuscript Title:_____ A comprehensive investigation of the demographics, treatments, comorbidities, and disease burden of chronic rhinosinusitis with nasal polyposis patients: a descriptive analysis ____
Manuscript number (if known):______________________________________________________

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| 4 | Consulting fees                                                                                                                         | __X__ None                                                                       |
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| 13 | Other financial or non-financial interests | Shanghai Palan DataRx Co., Ltd. |

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The author is from the Shanghai Palan DataRx Co., Ltd.

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