ICMJE DISCLOSURE FORM

Date: ___25.10.2021_________________________  
Your Name: ___Hui Qi_________________________  
Manuscript Title: __Blood digital polymerase chain reaction as a potential method to detect human epidermal growth factor receptor 2 amplification in non-small cell lung cancer__  
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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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) |
|---|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None |
|   | **Time frame: Since the initial planning of the work** |                                                                                   |
| 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 |
|   | **Time frame: past 36 months** |                                                                                   |
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:

__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: 25.10.2021
Your Name: Anwen Xiong
Manuscript Title: Blood digital polymerase chain reaction as a potential method to detect human epidermal growth factor receptor 2 amplification in non-small cell lung cancer
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.

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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. | X None |
|   | Time frame: Since the initial planning of the work |
| 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 |
|   | Time frame: past 36 months |
|   |   |   |
|---|---|---|
| 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:

_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: ___25.10.2021___
Your Name: ______ Lei Jiang______________________________
Manuscript Title: ____ Blood digital polymerase chain reaction as a potential method to detect human epidermal growth factor receptor 2 amplification in non-small cell lung cancer ____________________________
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.

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

_ 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: 25.10.2021
Your Name: Hardy Van

Manuscript Title: “Blood droplet digital polymerase chain reaction as a potential method to detect human epidermal growth factor receptor 2 amplification in non-small cell lung cancer”

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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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.

| Item | Relationship/Activity/Interest | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|--------------------------------|------------------------------------------------------|----------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None | X None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above) | X None | X None |
| 3    | Royalties or licenses | X None | X None |
| 4    | Consulting fees | X None | 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 | Alphamab Oncology Ltd. |

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

The author is from Alphamab Oncology Ltd.

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: 25.10.2021
Your Name: June Xu
Manuscript Title: “Blood droplet digital polymerase chain reaction as a potential method to detect human epidermal growth factor receptor 2 amplification in non-small cell lung cancer”
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.

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None                                                                          |
|   | **Time frame: Since the initial planning of the work**                                         |                                                                                  |
| 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                                                                          |
|   | **Time frame: past 36 months**                                                                  |                                                                                  |
|   | 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 | Alphamab Oncology Ltd |

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

The author is from Alphamab Oncology Ltd.

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: ___25.10.2021_____________________
Your Name: ______ Jing Wu___________________________
Manuscript Title: __“Blood droplet digital polymerase chain reaction as a potential method to detect human epidermal growth factor receptor 2 amplification in non-small cell lung cancer”___________________________
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.

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|   | No time limit for this item. |   |   |

| **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                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 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                                   |   |
|   | Genetron Health (Beijing) Co. Ltd.                                          |   |

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

The author is from Genetron Health (Beijing) Co. Ltd.

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: ___25.10.2021________________________
Your Name: Qiaosong Zheng ______________________
Manuscript Title: __“Blood droplet digital polymerase chain reaction as a potential method to detect human epidermal growth factor receptor 2 amplification in non-small cell lung cancer”________________
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.

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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.**                                                               |                                                                                  |
| **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                                                                           |
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
    Genetron Health (Beijing) Co. Ltd.

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

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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: ___ 12 October 2021______________________________________
Your Name: _______ Fabrizio Minervini ____________________________
Manuscript Title: __ Blood digital polymerase chain reaction as a potential method to detect human epidermal growth factor receptor 2 amplification in non-small cell lung cancer____________________________________
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.

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| 3 | Royalties or licenses | _X_ None |   |
| 4 | Consulting fees | _X_ None |   |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          | X  | None |
|   | manuscript writing or educational events                                    |    |      |
| 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  | X  | None |
|   | group, paid or unpaid                                                        |    |      |
| 11| Stock or stock options                                                       | X  | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | X  | None |
|   | services                                                                     |    |      |
| 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.
ICMJE DISCLOSURE FORM

Date: 18.10.2021

Your Name: Dinora Polanco Alonso

Manuscript Title: Blood digital polymerase chain reaction as a potential method to detect human epidermal growth factor receptor 2 amplification in non-small cell lung cancer

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.

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|---|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 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.**                                                                 |                                                                                 |

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

|   | 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) |
|---|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 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 |

**Time frame: past 36 months**
|   |                                                                 | 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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None.

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_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: ___25.10.2021___
Your Name: ____Yifu Yang___

Manuscript Title: __Blood digital polymerase chain reaction as a potential method to detect human epidermal growth factor receptor 2 amplification in non-small cell lung cancer___
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.

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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. | _X_ None                                                                         |
| 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                                                                         |

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,        | X  | None |
|   | manuscript writing or educational events                                   |    |      |
| 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         | X  | None |
|   | advocacy group, paid or unpaid                                              |    |      |
| 11| Stock or stock options                                                     | X  | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other    | X  | None |
|   | services                                                                    |    |      |
| 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.
ICMJE DISCLOSURE FORM

Date: ___25.10.2021___
Your Name: ______ Liang Wu_____________________________________________________
Manuscript Title:  ____ Blood digital polymerase chain reaction as a potential method to detect human epidermal growth factor receptor 2 amplification in non-small cell lung cancer_________________________
Manuscript number (if known):__________________________________________________________________

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