ICMJE DISCLOSURE FORM

Date: ________________ 2022/1/27 __________________________________________
Your Name: _______________ Jie Sun ________________________________________
Manuscript Title: ___ Loss of NLRP3 increases bacterial cystitis via IRAKM
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. | _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                                                                      |                                                                                   |
|   | Conflict of Interest | Agreement |
|---|---------------------|-----------|
| 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:__________2022/1/27______________________________

Your Name:_________ Lei Xia ________________________________________________________________

Manuscript Title: Loss of NLRP3 increases bacterial cystitis via IRAKM

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| 3 | Royalties or licenses | _X__None |<br><br> |
| 4 | Consulting fees | _X__None |<br><br> |
|   | Description                                                                 | None |
|---|--------------------------------------------------------------------------------|------|
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| 6 | Payment for expert testimony                                                  | _X_ None |
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Date: ______________ 2022/1/27

Your Name: ______________ Yubing Peng

Manuscript Title: Loss of NLRP3 increases bacterial cystitis via IRAKM

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

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**Time frame: past 36 months**
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