ICMJE DISCLOSURE FORM

Date: Dec. 25th, 2021
Your Name: Zibo Zhang
Manuscript Title: Expression and clinical significance of IL-33 and its receptor ST2 in children with obstructive sleep apnea syndrome
Manuscript number (if known): TP-21-606

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.)  
No time limit for this item. | _X_ None | |
| 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 | 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: _____Dec. 25th, 2021____
Your Name: ___Liang Li___
Manuscript Title: __Expression and clinical significance of IL-33 and its receptor ST2 in children with obstructive sleep apnea syndrome___
Manuscript number (if known): ___TP-21-606___

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|   | 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 |
|   |   |   |
|---|---|---|
| 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: Dec. 25\textsuperscript{th}, 2021
Your Name: Linsheng Zhao
Manuscript Title: Expression and clinical significance of IL-33 and its receptor ST2 in children with obstructive sleep apnea syndrome
Manuscript number (if known): TP-21-606

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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                                                                         |
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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                                                                         |
|   |                                           |     |     |
|---|------------------------------------------|-----|-----|
| 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: _____Dec. 25th, 2021____
Your Name: __Guangping Liu__
Manuscript Title: __Expression and clinical significance of IL-33 and its receptor ST2 in children with obstructive sleep apnea syndrome____
Manuscript number (if known): ___TP-21-606__

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|   | 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) |
|---|--------------------------------------------------|-----------------------------------------------------------------------------------|
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|---|--------------------------------------------------|-----------------------------------------------------------------------------------|
| 3 | Royalties or licenses                            | _X_ None |

|   | 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) |
|---|--------------------------------------------------|-----------------------------------------------------------------------------------|
| 4 | Consulting fees                                  | _X_ None |

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

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Date:____ Dec. 25th, 2021____
Your Name:___Fei Han___
Manuscript Title:__Expression and clinical significance of IL-33 and its receptor ST2 in children with obstructive sleep apnea syndrome____
Manuscript number (if known):___ TP-21-606__

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|------|-----------------------------------|-----------------------------------------------|----------------------------|
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|   |   |   |
|---|---|---|
| 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: _____Dec. 25th, 2021_____  
Your Name: ___Juan Du___  
Manuscript Title: ___Expression and clinical significance of IL-33 and its receptor ST2 in children with obstructive sleep apnea syndrome____  
Manuscript number (if known): ___TP-21-606___

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| 4 | Consulting fees | _X_ None |
|   |                                                                                                    | __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 |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                     | __X__None |
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