ICMJE DISCLOSURE FORM

Date: Oct. 27\textsuperscript{th}, 2021
Your Name: Yue-Tian Yu

Manuscript Title: A novel algorithm for diagnosis of invasive pulmonary aspergillosis based on pentraxin 3 gene polymorphisms and its adjusted value among autoimmune diseases patients
Manuscript number (if known): ATM-21-4017

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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **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*
|   |                                                                                       |   |
|---|---------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                           | 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: __Oct. 27th, 2021__

Your Name: __Chun-yan Liu__

Manuscript Title: __A novel algorithm for diagnosis of invasive pulmonary aspergillosis based on pentraxin 3 gene polymorphisms and its adjusted value among autoimmune diseases patients__

Manuscript number (if known): __ATM-21-4017__

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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                                                                     |
|   | 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: ___ Oct. 27th, 2021 ___
Your Name: Cheng Zhu
Manuscript Title: A novel algorithm for diagnosis of invasive pulmonary aspergillosis based on pentraxin 3 gene polymorphisms and its adjusted value among autoimmune diseases patients
Manuscript number (if known): ATM-21-4017

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| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          | None   |
|   | manuscript writing or educational events                                    |        |
| 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  | None   |
|   | group, paid or unpaid                                                        |        |
| 11| Stock or stock options                                                       | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | None   |
|   | services                                                                     |        |
| 13| Other financial or non-financial interests                                   | None   |

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ICMJE DISCLOSURE FORM

Date: __Oct. 27th, 2021__
Your Name: __Han Zhong__
Manuscript Title: __A novel algorithm for diagnosis of invasive pulmonary aspergillosis based on pentraxin 3 gene polymorphisms and its adjusted value among autoimmune diseases patients__
Manuscript number (if known): __ATM-21-4017__

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: 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                                                                          |                                                                                  |
|   |                                                                 | _X_ None |
|---|-----------------------------------------------------------------|---------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, 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 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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ICMJE DISCLOSURE FORM

Date: __Oct. 27th, 2021__
Your Name: __Zhi-Chun Gu__
Manuscript Title: __A novel algorithm for diagnosis of invasive pulmonary aspergillosis based on pentraxin 3 gene polymorphisms and its adjusted value among autoimmune diseases patients__
Manuscript number (if known): __ATM-21-4017__

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

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ICMJE DISCLOSURE FORM

Date: Oct. 27th, 2021
Your Name: Chun-hui XU
Manuscript Title: A novel algorithm for diagnosis of invasive pulmonary aspergillosis based on pentraxin 3 gene polymorphisms and its adjusted value among autoimmune diseases patients
Manuscript number (if known): ATM-21-4017

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| 3 | Royalties or licenses                                                                     | 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 |
| 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: __Oct. 27th, 2021__
Your Name: __Chun Pan__

Manuscript Title: __A novel algorithm for diagnosis of invasive pulmonary aspergillosis based on pentraxin 3 gene polymorphisms and its adjusted value among autoimmune diseases patients__
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|   | Question                                                                 | Answer |
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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 |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         | _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:** __Oct. 27th, 2021__  
**Your Name:** Zhi-jun Xu  
**Manuscript Title:** A novel algorithm for diagnosis of invasive pulmonary aspergillosis based on pentraxin 3 gene polymorphisms and its adjusted value among autoimmune diseases patients  
**Manuscript number (if known):** ATM-21-4017

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| 4 | Consulting fees                                                                             | X None                                                                               |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X    |
| 6 | Payment for expert testimony                                               | X    |
| 7 | Support for attending meetings and/or travel                                | X    |
| 8 | Patents planned, issued or pending                                         | X    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X    |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X |
| 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: _Oct. 27th, 2021_
Your Name: __Zhi-xiong Wu__
Manuscript Title: __A novel algorithm for diagnosis of invasive pulmonary aspergillosis based on pentraxin 3 gene polymorphisms and its adjusted value among autoimmune diseases patients__
Manuscript number (if known): _ATM-21-4017_

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  
  **None** | ___X__None                                                                                  |                                                                                            |
| 3 | Royalties or licenses  
  **None** | ___X__None                                                                                  |                                                                                            |
| 4 | Consulting fees  
  **None** | ___X__None                                                                                  |                                                                                            |
|   | Description                                                                                           | None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
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| 7 | Support for attending meetings and/or travel                                                           | _X_ None |
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| 11| Stock or stock options                                                                                  | _X_ None |
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ICMJE DISCLOSURE FORM

Date: __ Oct. 27th, 2021 __
Your Name: __ Wen-juan Wu __
Manuscript Title: __ A novel algorithm for diagnosis of invasive pulmonary aspergillosis based on pentraxin 3 gene polymorphisms and its adjusted value among autoimmune diseases patients __
Manuscript number (if known): __ ATM-21-4017 __

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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|   |                                                                                                                                             |
| 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                                                                     |
|   |                                                                 | 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 |
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ICMJE DISCLOSURE FORM

Date: __Oct. 27th, 2021__

Your Name: __Liang-jing Lu__

Manuscript Title: __A novel algorithm for diagnosis of invasive pulmonary aspergillosis based on pentraxin 3 gene polymorphisms and its adjusted value among autoimmune diseases patients__

Manuscript number (if known): __ATM-21-4017__

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