

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dongkai	2. Surname (Last Name) Li	3. Date 24-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cui Na
5. Manuscript Title Evaluation of the updated "Candida score" with sepsis 3.0 criteria in critically ill patients		
6. Manuscript Identifying Number (if you know it) ATM-20-995		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jiahui	2. Surname (Last Name) Zhang	3. Date 24-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cui Na
5. Manuscript Title Evaluation of the updated "Candida score" with sepsis 3.0 criteria in critically ill patients		
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Section 1. Identifying Information

1. Given Name (First Name) Wen	2. Surname (Last Name) Han	3. Date 24-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cui Na
5. Manuscript Title Evaluation of the updated "Candida score" with sepsis 3.0 criteria in critically ill patients		
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Section 1. Identifying Information

1. Given Name (First Name) Guangxu	2. Surname (Last Name) Bai	3. Date 24-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cui Na
5. Manuscript Title Evaluation of the updated "Candida score" with sepsis 3.0 criteria in critically ill patients		
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Section 1. Identifying Information

1. Given Name (First Name)

Wei

2. Surname (Last Name)

Cheng

3. Date

24-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Cui Na

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

ATM-20-995

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1. Given Name (First Name)
Na _____

2. Surname (Last Name)
Cui _____

3. Date
24-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Cui Na _____

5. Manuscript Title
Evaluation of the updated "Candida score" with sepsis 3.0 criteria in critically ill patients

6. Manuscript Identifying Number (if you know it)
ATM-20-995

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Non-profit Central Research Institute Fund of Chinese Academy of Medical Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. 2019XK320040
National Natural Science Foundation of China	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. 81601657
Wu Jieping Medical Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. 320.6750.18419
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cui reports grants from Non-profit Central Research Institute Fund of Chinese Academy of Medical Sciences, grants from National Natural Science Foundation of China, grants from Wu Jieping Medical Foundation during the conduct of the study; .

Evaluation and Feedback

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