

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kewang

2. Surname (Last Name)  
Hu

3. Date  
09-May-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Xiaoli Zhang

5. Manuscript Title  
Antibiotic susceptibility and molecular analyses of clinical Enterobacter cloacae isolates in Eastern Heilongjiang Province, China

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Excellent Team of Young Teachers Foundation of Heilongjiang Province	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research Project of Yongchuan Hospital Affiliated to Chongqing Medical University	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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1. Given Name (First Name) Lingyi      2. Surname (Last Name) Zeng      3. Date 09-May-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name Xiaoli Zhang

5. Manuscript Title  
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1. Given Name (First Name) Jlsheng      2. Surname (Last Name) Zhang      3. Date 09-May-2020

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Xiaoli Zhang

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Huiling

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Yongxin

2. Surname (Last Name)  
Zhao

3. Date  
09-May-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Xiaoli Zhang

5. Manuscript Title  
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1. Given Name (First Name)  
Yong

2. Surname (Last Name)  
Wang

3. Date  
09-May-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
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1. Given Name (First Name) Yanjun      2. Surname (Last Name) Fu      3. Date 09-May-2020

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Xiaoli Zhang

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Chunjiang

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4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
 Antibiotic susceptibility and molecular analyses of clinical Enterobacter cloacae isolates in Eastern Heilongjiang Province, China

6. Manuscript Identifying Number (if you know it)

### 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Excellent Team of Young Teachers Foundation of Heilongjiang Province	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research Project of Yongchuan Hospital Affiliated to Chongqing Medical University	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### 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. Zhang reports grants from Excellent Team of Young Teachers Foundation of Heilongjiang Province, grants from Research Project of Yongchuan Hospital Affiliated to Chongqing Medical University, during the conduct of the study; .

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.