

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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".

3. Relevant financial activities outside the submitted work.

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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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Definitions.

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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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Section 1. Identifying Information

1. Given Name (First Name)
Weiping

2. Surname (Last Name)
Liu

3. Date
25-March-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Tianhui Guo

5. Manuscript Title
Drug resistance of healthcare associated infections pathogen bacteria and Carbapenem-resistant Acinetobacter baumannii homology in general intensive care unit

6. Manuscript Identifying Number (if you know it)
APM-19-632

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
Department of Science & Technology of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of Human Resources and Social Security of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Commission of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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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

Section 5. Relationships not covered above

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Yang

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Section 1. Identifying Information

1. Given Name (First Name) Kai	2. Surname (Last Name) Zhang	3. Date 25-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tianhui Guo
5. Manuscript Title Drug resistance of healthcare associated infections pathogen bacteria and Carbapenem-resistant Acinetobacter baumannii homology in general intensive care unit		
6. Manuscript Identifying Number (if you know it) APM-19-632		

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Section 1. Identifying Information

1. Given Name (First Name) Yunting 2. Surname (Last Name) Hai 3. Date 25-March-2020

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Tianhui Guo

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1. Given Name (First Name) Haoxue 2. Surname (Last Name) Li 3. Date 25-March-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Tianhui Guo

5. Manuscript Title
Drug resistance of healthcare associated infections pathogen bacteria and Carbapenem-resistant Acinetobacter baumannii homology in general intensive care unit

6. Manuscript Identifying Number (if you know it)
APM-19-632

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Department of Science & Technology of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of Human Resources and Social Security of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Commission of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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

Section 5. Relationships not covered above

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2. Surname (Last Name)
Jiao

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Huimin

2. Surname (Last Name)
Xing

3. Date
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Corresponding Author's Name
Tianhui Guo

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Dr. Bai reports grants from Department of Science & Technology of Inner Mongolia, grants from Department of Human Resources and Social Security of Inner Mongolia, grants from State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention, grants from Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society, grants from Health Commission of Inner Mongolia, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yuping	2. Surname (Last Name) Zhao	3. Date 25-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tianhui Guo
5. Manuscript Title Drug resistance of healthcare associated infections pathogen bacteria and Carbapenem-resistant Acinetobacter baumannii homology in general intensive care unit		
6. Manuscript Identifying Number (if you know it) APM-19-632		

Section 2. The Work Under Consideration for Publication

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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
Department of Science & Technology of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of Human Resources and Social Security of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Commission of Inner Mongolia	<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**.

Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Huan	2. Surname (Last Name) Bao	3. Date 25-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tianhui Guo
5. Manuscript Title Drug resistance of healthcare associated infections pathogen bacteria and Carbapenem-resistant Acinetobacter baumannii homology in general intensive care unit		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Shuai

2. Surname (Last Name)
Zhang

3. Date
25-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Tianhui Guo

5. Manuscript Title

Drug resistance of healthcare associated infections pathogen bacteria and Carbapenem-resistant Acinetobacter baumannii homology in general intensive care unit

6. Manuscript Identifying Number (if you know it)

APM-19-632

Section 2. The Work Under Consideration for Publication

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Dr. Zhang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wei	2. Surname (Last Name) Ren	3. Date 25-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tianhui Guo
5. Manuscript Title Drug resistance of healthcare associated infections pathogen bacteria and Carbapenem-resistant Acinetobacter baumannii homology in general intensive care unit		
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Dr. Ren has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lifang	2. Surname (Last Name) Yang	3. Date 25-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tianhui Guo
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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Huijun	2. Surname (Last Name) Yang	3. Date 25-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tianhui Guo
5. Manuscript Title Drug resistance of healthcare associated infections pathogen bacteria and Carbapenem-resistant Acinetobacter baumannii homology in general intensive care unit		
6. Manuscript Identifying Number (if you know it) APM-19-632		

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Junwei

2. Surname (Last Name)
Tian

3. Date
25-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Tianhui Guo

5. Manuscript Title
Drug resistance of healthcare associated infections pathogen bacteria and Carbapenem-resistant Acinetobacter baumannii homology in general intensive care unit

6. Manuscript Identifying Number (if you know it)
APM-19-632

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Meng

2. Surname (Last Name)
Wang

3. Date
25-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Tianhui Guo

5. Manuscript Title

Drug resistance of healthcare associated infections pathogen bacteria and Carbapenem-resistant Acinetobacter baumannii homology in general intensive care unit

6. Manuscript Identifying Number (if you know it)

APM-19-632

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Tianhui

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Guo

3. Date

25-March-2020

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Yes No

5. Manuscript Title

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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
Department of Science & Technology of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of Human Resources and Social Security of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Commission of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Guo reports grants from Department of Science & Technology of Inner Mongolia, grants from Department of Human Resources and Social Security of Inner Mongolia, grants from State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention, grants from Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society, grants from Health Commission of Inner Mongolia, during the conduct of the study; .

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