

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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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

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Section 1. Identifying Information

1. Given Name (First Name)
Weiping

2. Surname (Last Name)
Liu

3. Date
01-April-2020

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

5. Manuscript Title
Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital

6. Manuscript Identifying Number (if you know it)
APM-20-289

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"/>	

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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

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1. Given Name (First Name)
Yongfang

2. Surname (Last Name)
Yang

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01-April-2020

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Corresponding Author's Name
Tianhui Guo

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Section 1. Identifying Information

1. Given Name (First Name) Yueying	2. Surname (Last Name) Jiao	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 Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation		
6. Manuscript Identifying Number (if you know it) APM-20-65		

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Section 1. Identifying Information

1. Given Name (First Name)
Kai

2. Surname (Last Name)
Zhang

3. Date
01-April-2020

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

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Yunting	2. Surname (Last Name) Hai	3. Date 01-April-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 Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital		
6. Manuscript Identifying Number (if you know it) APM-20-289		

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"/>	
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Health Commission of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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1. Given Name (First Name) Haoxue 2. Surname (Last Name) Li 3. Date 01-April-2020

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

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Huimin	2. Surname (Last Name) Xing	3. Date 01-April-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 Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital		
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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; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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
01-April-2020

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

5. Manuscript Title
Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital

6. Manuscript Identifying Number (if you know it)
APM-20-289

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"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Huan

2. Surname (Last Name)
Bao

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01-April-2020

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Yes No

Corresponding Author's Name
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Dr. Bao 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) Shuai	2. Surname (Last Name) Zhang	3. Date 01-April-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 Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital		
6. Manuscript Identifying Number (if you know it) APM-20-289		

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)
Wei

2. Surname (Last Name)
Ren

3. Date
01-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Tianhui Guo

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Ren has nothing to disclose.

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Lifang

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Yang

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01-April-2020

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4. Intellectual Property.

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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) Huijun	2. Surname (Last Name) Yang	3. Date 01-April-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 Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital		
6. Manuscript Identifying Number (if you know it) APM-20-289		

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Yang 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)
Junwei

2. Surname (Last Name)
Tian

3. Date
01-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Tianhui Guo

5. Manuscript Title
Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital

6. Manuscript Identifying Number (if you know it)
APM-20-289

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Tian 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) Meng	2. Surname (Last Name) Wang	3. Date 01-April-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 Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital		
6. Manuscript Identifying Number (if you know it) APM-20-289		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Wang 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)
Tianhui

2. Surname (Last Name)
Guo

3. Date
01-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital

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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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