

ICMJE DISCLOSURE FORM

Date: March 16, 2023

Your Name: Aiqin Chen

Manuscript Title: Investigation into the current status of cleaning, disinfection, and sterilization of da Vinci surgical instruments

Manuscript number (if known): _____

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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)
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.) No time limit for this item.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

Please summarize the above conflict of interest in the following box:

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: March 16, 2023

Your Name: Ze Yuan

Manuscript Title: Investigation into the current status of cleaning, disinfection, and sterilization of da Vinci surgical instruments

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: March 16, 2023
 Your Name: Hanyan Chen
 Manuscript Title: Investigation into the current status of cleaning, disinfection, and sterilization of da Vinci surgical instruments
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 14, 2023
 Your Name: Xuehui Wang
 Manuscript Title: Investigation into the current status of cleaning, disinfection, and sterilization of da Vinci surgical instruments
 Manuscript number (if known): _____

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6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	Shanghai Ruipu Medical Technology Co., Ltd.	

Please summarize the above conflict of interest in the following box:

Xuehui Wang is an employee from Shanghai Ruipu Medical Technology Co., Ltd.

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: March 16, 2023

Your Name: Huan Li

Manuscript Title: Investigation into the current status of cleaning, disinfection, and sterilization of da Vinci surgical instruments

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Date: March 16, 2023
 Your Name: Xinyue Zhang
 Manuscript Title: Investigation into the current status of cleaning, disinfection, and sterilization of da Vinci surgical instruments
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