Date:2022/10/9	
Your Name:Jun Jin	
Manuscript Title: Clinical efficacy and nephrotoxicity of intravenous colistin sulfate in the treatment carbapenem-resistant gram-negative bacterial infections	t of

Manuscript number (if known):_____

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		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity(if not indicated in		
	item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None

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imes I certify that I have answered every question and have not altered the wording of any of the questions on this

form. Jun Jin

Date:	_2022/10/9
	e:Jingwen Zhu
Manuscri	pt Title: Clinical efficacy and nephrotoxicity of intravenous colistin sulfate in the treatment of
carbapen	em-resistant gram-negative bacterial
infections	S

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	item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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	None	

None

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X I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Jingwen Zhu



Date: ____2022/10/9______ Your Name: __Zheng Zhu______ Manuscript Title: Clinical efficacy and nephrotoxicity of intravenous colistin sulfate in the treatment of carbapenem-resistant gram-negative bacterial infections______

Manuscript number (if known):___

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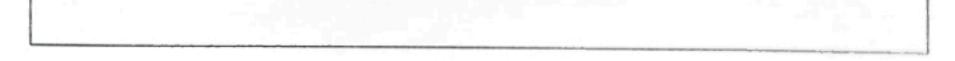
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4	Consulting fees	None	

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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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	None	

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ICMJE DISCLOSURE FORM

Date:2022 October 07
Your Name:Won Young Kim
Manuscript Title: Clinical efficacy and nephrotoxicity of intravenous colistin sulfate in the treatment of carbapenem
resistant gram-negative bacterial infections
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.

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

No conflict of interest

Please place an "X" next to the following statement to indicate your agreement:

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melly

Date:09-11-2022Your Name:Dr James O'RourkeManuscript Title:Clinical efficacy and nephrotoxicity of intravenous colistin sulfate
in the treatment of carbapenem-resistant gram-negative bacterial infections

Manuscript number (if known):

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3	Royalties or licenses	None	
4	Consulting fees	None	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
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7	Support for attending	None	
	meetings and/or travel		
8	Datanta plannad issued ar	None	
ð	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
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	-		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
15	financial interests		-
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De forme O'Rouche

Dr James O'Rourke, Irish Medical Council Number 19540 Consultant in Anaesthesia and Intensive Care Medicine Honorary Senior Clinical Lecturer with the RCSI

Date: ____2022/10/9_____ Your Name: __Zongbin Lin_____ Manuscript Title: Clinical efficacy and nephrotoxicity of intravenous colistin sulfate in the treatment of carbapenem-resistant gram-negative bacterial infections_____

Manuscript number (if known):___

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	item #1 above).		
3	Royalties or licenses	None	
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Payment or honoraria for lectures, presentations, speakers bureaus,	None	
manuscript writing or educational events		
Payment for expert testimony	None	
Support for attending meetings and/or travel	None	
Patents planned, issued or pending	None	
Participation on a Data Safety Monitoring Board or Advisory Board	None	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
Stock or stock options	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
Other financial or non- financial interests	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Patents planned, issued or pending Patents planned, issued or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-

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Zongbin Lin



Date: _____2022/10/9_

Your Name:__Minhua Chen Manuscript Title: Clinical efficacy and nephrotoxicity of intravenous colistin sulfate in the treatment of carbapenem-resistant gram-negative bacterial infection_____

Manuscript number (if known):_

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
0	Destinization of the		
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	
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Minhue Chan

