

ICMJE DISCLOSURE FORM

Date: 2022/10/9

Your Name: Jun Jin

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.

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	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	

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

None

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

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

form.

Jun Jin

ICMJE DISCLOSURE FORM

Date: 2022/10/9

Your Name: Jingwen 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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form.

Jingwen Zhu

ICMJE DISCLOSURE FORM

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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form.

Zheng Zhu

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): _____

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No conflict of interest

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ICMJE DISCLOSURE FORM

Date: 09-11-2022
Your Name: Dr James O'Rourke
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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Dr James O'Rourke

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

ICMJE DISCLOSURE FORM

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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Zongbin Lin

ICMJE DISCLOSURE FORM

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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form.

Michua Chen