

ICMJE DISCLOSURE FORM

Date: 2022-11-22
 Your Name: Bingqiang Ren
 Manuscript Title: Need for anti-tuberculosis treatment in patients with latent tuberculosis infection who undergo arthroplasty: a case report
 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.

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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.	Funding	Projects of Medical and Health Technology Development Program in Shandong Province (grant No. 202104070644)
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	<u> </u> 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:

Bingqiang Ren reports that this work was supported by the Projects of Medical and Health Technology Development Program in Shandong Province (grant No. 202104070644).

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: 2022-11-22
 Your Name: Xuepeng Bai
 Manuscript Title: Need for anti-tuberculosis treatment in patients with latent tuberculosis infection who undergo arthroplasty: a case report
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-11-22
 Your Name: Huawu Zhang
 Manuscript Title: Need for anti-tuberculosis treatment in patients with latent tuberculosis infection who undergo arthroplasty: a case report
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-11-22
 Your Name: Lixin Sun
 Manuscript Title: Need for anti-tuberculosis treatment in patients with latent tuberculosis infection who undergo arthroplasty: a case report
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-11-22
 Your Name: Lei Fang
 Manuscript Title: Need for anti-tuberculosis treatment in patients with latent tuberculosis infection who undergo arthroplasty: a case report
 Manuscript number (if known): _____

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Date: 2022-11-22
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