

ICMJE DISCLOSURE FORM

Date: 2023/3/22
 Your Name: Xiaohui Wang
 Manuscript Title: Clinical relevance and distribution of *Helicobacter pylori* virulence factors in isolates from Chinese patients
 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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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.

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

Date: 2023/3/22
 Your Name: Yanan Gong
 Manuscript Title: Clinical relevance and distribution of *Helicobacter pylori* virulence factors in isolates from Chinese patients
 Manuscript number (if known): _____

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Date: 2023/3/22
 Your Name: Lihua He
 Manuscript Title: Clinical relevance and distribution of *Helicobacter pylori* virulence factors in isolates from Chinese patients
 Manuscript number (if known): _____

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Date: 2023/3/22
 Your Name: Lu Zhao
 Manuscript Title: Clinical relevance and distribution of *Helicobacter pylori* virulence factors in isolates from Chinese patients
 Manuscript number (if known): _____

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Date: 2023/3/22
 Your Name: Yiguan Wang
 Manuscript Title: Clinical relevance and distribution of *Helicobacter pylori* virulence factors in isolates from Chinese patients
 Manuscript number (if known): _____

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Date: 2023/3/22
 Your Name: Jianzhong Zhang
 Manuscript Title: Clinical relevance and distribution of *Helicobacter pylori* virulence factors in isolates from Chinese patients
 Manuscript number (if known): _____

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 Your Name: Lihong Cui
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