

ICMJE DISCLOSURE FORM

Date: 2021/2/28

Your Name: Yixin Zhang

Manuscript Title: Clinical and molecular characteristics of Chryseobacterium indologenes isolates at a teaching hospital in Shanghai, China

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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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	None	
4	Consulting fees	None	

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6	Payment for expert testimony	None	
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8	Patents planned, issued or pending	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	

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

Dr. Zhang has nothing to disclose.

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: 2021/2/28

Your Name: Dan Li

Manuscript Title: Clinical and molecular characteristics of Chryseobacterium indologenes isolates at a teaching hospital in Shanghai, China

Manuscript number (if known): _____

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13	Other financial or non-financial interests	None	

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Dr. Li has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: 2021/2/28

Your Name: Yang Yang

Manuscript Title: Clinical and molecular characteristics of Chryseobacterium indologenes isolates at a teaching hospital in Shanghai, China

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/2/28

Your Name: Jiachun Su

Manuscript Title: Clinical and molecular characteristics of Chryseobacterium indologenes isolates at a teaching hospital in Shanghai, China

Manuscript number (if known): _____

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Dr. Su has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: 2021/2/28

Your Name: Xiaogang Xu

Manuscript Title: Clinical and molecular characteristics of Chryseobacterium indologenes isolates at a teaching hospital in Shanghai, China

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/2/28

Your Name: Mingui Wang

Manuscript Title: Clinical and molecular characteristics of Chryseobacterium indologenes isolates at a teaching hospital in Shanghai, China

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ICMJE DISCLOSURE FORM

Date: 2021/2/28

Your Name: Yijian Chen

Manuscript Title: Clinical and molecular characteristics of Chryseobacterium indologenes isolates at a teaching hospital in Shanghai, China

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Your Name: Ying Li

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