

ICMJE DISCLOSURE FORM

Date: 2021-10-22

Your Name: Wenping Zhang

Manuscript Title: The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis

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:

Dr Zhang declared that there is no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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: 2021-10-22

Your Name: Zhongming Zhang

Manuscript Title: The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis

Manuscript number (if known): _____

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6	Payment for expert testimony	<u> </u> None	
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13	Other financial or non-financial interests	<u> </u> None	

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ICMJE DISCLOSURE FORM

Date: 2021-10-22

Your Name: Shiyao Pan

Manuscript Title: The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis

Manuscript number (if known): _____

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6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
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	Shenzhen Mindray Bio-Medical Electronic Co., Ltd., Shenzhen, China	

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

Shiyao Pan is from Shenzhen Mindray Bio-Medical Electronic Co., Ltd., Shenzhen, China

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: 2021-10-22

Your Name: Jin Li

Manuscript Title: The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis

Manuscript number (if known): _____

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6	Payment for expert testimony	____ None	
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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	Shenzhen Mindray Bio-Medical Electronic Co., Ltd., Shenzhen, China	

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

Jin Li is from Shenzhen Mindray Bio-Medical Electronic Co., Ltd., Shenzhen, China

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: 2021-10-22

Your Name: Yanmei Yang

Manuscript Title: The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis

Manuscript number (if known): _____

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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 Yang declared that there is no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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: 2021-10-22

Your Name: Huan Qi

Manuscript Title: The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis

Manuscript number (if known): _____

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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:

Huan Qi is from Shenzhen Mindray Bio-Medical Electronic Co., Ltd., Shenzhen, China

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: 2021-10-22

Your Name: Jiabin Xie

Manuscript Title: The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis

Manuscript number (if known): _____

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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:

Dr Xie declared that there is no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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

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ICMJE DISCLOSURE FORM

Date: 2021-10-22

Your Name: Jiuxin Qu

Manuscript Title: The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis

Manuscript number (if known): _____

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