Date: 2021-12-07
/our Name:Lingyun Yang
Manuscript Title: Application of the defect management improvement mode under JCI standard to improve the
nstrument cleaning and disinfection effect and management quality in the central sterile supply department:
andomized trial
Manuscript number (if known): ATM-21-6610

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
4	All I C II .	Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	30 months
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
Э	lectures, presentations,	xnone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Comment for attending	V None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
0		V N	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:

The author has no conflicts of interest to declare.

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.

Date: <u>2021-12-07</u>	
our Name:Qin Xun	_
Manuscript Title: Application of the defect management improvement mode under JCI standard to impr	ove the
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Manuscript number (if known): ATM-21-6610	

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
J	testimony		
	,		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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Date: 2021-12-07
Your Name:Jie Xu
Manuscript Title: Application of the defect management improvement mode under JCI standard to improve the
instrument cleaning and disinfection effect and management quality in the central sterile supply department:
randomized trial
Manuscript number (if known):_ ATM-21-6610

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	educational events		
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	testimony		
	·		
7	Support for attending meetings and/or travel	XNone	
	Ç ,		
8	Patents planned, issued or	XNone	
	pending		
•	5		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
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Your Name:Da Hua
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3	Royalties or licenses	XNone					
4	Consulting fees	XNone					

		T	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	-		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
	group, paid or unpaid		
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