

ICMJE DISCLOSURE FORM

Date: December 20, 2021
 Your Name: Chuanjiang He
 Manuscript Title: Effects of Mycobacterium tuberculosis lineages and regions of difference (RD) virulence gene variation on tuberculosis recurrence
 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.	Natural Science Foundation of Xinjiang Uygur Autonomous Region (No. 2020D01C013)	
		The Special Project for the Construction of the Autonomous Region’s Innovative Environment (Talents, Bases): Tianshan Cedar Project (No.2019XS22).	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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

Dr. Chuanjiang He reports this work was supported by the Natural Science Foundation of Xinjiang Uygur Autonomous Region (No. 2020D01C013) and the Special Project for the Construction of the Autonomous Region’s Innovative Environment (Talents, Bases): Tianshan Cedar Project (No. 2019XS22).

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: December 20, 2021

Your Name: Xiang Cheng

Manuscript Title: Effects of Mycobacterium tuberculosis lineages and regions of difference (RD) virulence gene variation on tuberculosis recurrence

Manuscript number (if known): _____

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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:

Xiang Cheng reports this work was supported by the Special Project for the Construction of the Autonomous Region's Innovative Environment (Talents, Bases): Tianshan Cedar Project (No. 2019XS22).

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.

ICMJE DISCLOSURE FORM

Date: December 20, 2021
 Your Name: Aihemaitijiang•Kaisaier
 Manuscript Title: Effects of Mycobacterium tuberculosis lineages and regions of difference (RD) virulence gene variation on tuberculosis recurrence
 Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

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

Aihemaitijiang•Kaisaier reports this work was supported by the Special Project for the Construction of the Autonomous Region’s Innovative Environment (Talents, Bases):Tianshan Cedar Project (No. 2019XS22).

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ICMJE DISCLOSURE FORM

Date: December 20, 2021
 Your Name: Jiangli Wan
 Manuscript Title: Effects of Mycobacterium tuberculosis lineages and regions of difference (RD) virulence gene variation on tuberculosis recurrence
 Manuscript number (if known): _____

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3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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7	Support for attending meetings and/or travel	<u> X </u> None	
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None.

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 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: December 20, 2021
 Your Name: Shengfang Luo
 Manuscript Title: Effects of Mycobacterium tuberculosis lineages and regions of difference (RD) virulence gene variation on tuberculosis recurrence
 Manuscript number (if known): _____

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

 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: December 20, 2021

Your Name: Jie Ren

Manuscript Title: Effects of Mycobacterium tuberculosis lineages and regions of difference (RD) virulence gene variation on tuberculosis recurrence

Manuscript number (if known): _____

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
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13	Other financial or non-financial interests	<u> X </u> None	

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Jie Ren reports this work was supported by the Special Project for the Construction of the Autonomous Region's Innovative Environment (Talents, Bases): Tianshan Cedar Project (No. 2019XS22).

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ICMJE DISCLOSURE FORM

Date: December 20, 2021
 Your Name: Yinzhong Sha
 Manuscript Title: Effects of Mycobacterium tuberculosis lineages and regions of difference (RD) virulence gene variation on tuberculosis recurrence
 Manuscript number (if known): _____

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None.

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ICMJE DISCLOSURE FORM

Date: December 20, 2021

Your Name: Hongmei Peng

Manuscript Title: Effects of Mycobacterium tuberculosis lineages and regions of difference (RD) virulence gene variation on tuberculosis recurrence

Manuscript number (if known): _____

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5	Payment or honoraria for	<input checked="" type="checkbox"/> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
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13	Other financial or non-financial interests	<u> X </u> None	

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Hongmei Peng reports this work was supported by the Natural Science Foundation of Xinjiang Uygur Autonomous Region (No. 2020D01C013)

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ICMJE DISCLOSURE FORM

Date: December 20, 2021

Your Name: Yahui Zhen

Manuscript Title: Effects of Mycobacterium tuberculosis lineages and regions of difference (RD) virulence gene variation on tuberculosis recurrence

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: December 20, 2021

Your Name: Wen Liu

Manuscript Title: Effects of Mycobacterium tuberculosis lineages and regions of difference (RD) virulence gene variation on tuberculosis recurrence

Manuscript number (if known): _____

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13	Other financial or non-financial interests	<u> X </u> None	

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Wen Liu reports this work was supported by the Special Project for the Construction of the Autonomous Region's Innovative Environment (Talents, Bases): Tianshan Cedar Project (No. 2019XS22).

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ICMJE DISCLOSURE FORM

Date: December 20, 2021
 Your Name: Sujie Zhang
 Manuscript Title: Effects of Mycobacterium tuberculosis lineages and regions of difference (RD) virulence gene variation on tuberculosis recurrence
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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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4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
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