

## ICMJE DISCLOSURE FORM

Date: 2022/01/20

Your Name: Dehua Sun

Manuscript Title: Screening for malignant tumor cells in serous effusions with an automatic hematology analyzer using a novel diagnostic algorithm

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	____ None	
<b>Time frame: past 36 months</b>			
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:**

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: 2022/01/20

Your Name: Xinru Mao

Manuscript Title: Screening for malignant tumor cells in serous effusions with an automatic hematology analyzer using a novel diagnostic algorithm

Manuscript number (if known): 2998

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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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	

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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: 2022/01/20

Your Name: Taixue An

Manuscript Title: Screening for malignant tumor cells in serous effusions with an automatic hematology analyzer using a novel diagnostic algorithm

Manuscript number (if known): 2998

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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: 2022/01/20

Your Name: Xiaojing He

Manuscript Title: Screening for malignant tumor cells in serous effusions with an automatic hematology analyzer using a novel diagnostic algorithm

Manuscript number (if known): 2998

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## ICMJE DISCLOSURE FORM

Date: 2022/01/20

Your Name: Kai Qiu

Manuscript Title: Screening for malignant tumor cells in serous effusions with an automatic hematology analyzer using a novel diagnostic algorithm

Manuscript number (if known): 2998

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## ICMJE DISCLOSURE FORM

Date: 2022/01/20  
 Your Name: Yuhong Luo  
 Manuscript Title: Screening for malignant tumor cells in serous effusions with an automatic hematology analyzer using a novel diagnostic algorithm  
 Manuscript number (if known): 2998

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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13	Other financial or non-financial interests	____ 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: 2022/01/20

Your Name: Zheyuan Qin

Manuscript Title: Screening for malignant tumor cells in serous effusions with an automatic hematology analyzer using a novel diagnostic algorithm

Manuscript number (if known): \_\_\_\_\_

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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:**

Zheyuan Qin 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: 2022/01/20  
 Your Name: Yongjian He  
 Manuscript Title: Screening for malignant tumor cells in serous effusions with an automatic hematology analyzer using a novel diagnostic algorithm  
 Manuscript number (if known): 2998

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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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: 2022/01/20

Your Name: Tie Xiong

Manuscript Title: Screening for malignant tumor cells in serous effusions with an automatic hematology analyzer using a novel diagnostic algorithm

Manuscript number (if known): 2998

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## ICMJE DISCLOSURE FORM

Date: 2022/01/20

Your Name: Houmei Feng

Manuscript Title: Screening for malignant tumor cells in serous effusions with an automatic hematology analyzer using a novel diagnostic algorithm

Manuscript number (if known): 2998

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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: 2022/01/20

Your Name: Jin Li

Manuscript Title: Screening for malignant tumor cells in serous effusions with an automatic hematology analyzer using a novel diagnostic algorithm

Manuscript number (if known): \_\_\_\_\_

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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.

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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: 2022/01/20

Your Name: Lei Zheng

Manuscript Title: Screening for malignant tumor cells in serous effusions with an automatic hematology analyzer using a novel diagnostic algorithm

Manuscript number (if known): 2998

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<b>Time frame: past 36 months</b>			
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:**

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.