ite:2022-03-22
ur Name: Yan Sun
anuscript Title:_ The research status of central venous catheterization-associated thrombosis: a bibliometrics
alysis_
anuscript 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 <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)
1	All support for the present	Time frame: Since the initial V None	planning of the work
1	manuscript (e.g., funding,	vivolic	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time illinit for tims item.		
		Time frame: past	36 months
2	Grants or contracts from	v_None	
	any entity (if not indicated		
3	in item #1 above).	y/ None	
3	Royalties or licenses	VNone	
4	Consulting fees	vNone	

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

Dr. Sun 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.

te:2022-03-22
ur Name: Xuedan Li
anuscript Title:_ The research status of central venous catheterization-associated thrombosis: a bibliometrics
alysis_
anuscript 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 <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)
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.	Time frame: Since the initial	pranning or the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	vNone	
3	Royalties or licenses	vNone	
4	Consulting fees	VNone	

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

Dr. Li 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.

Date:2022-03-22
Your Name: Yan Zhang
Manuscript Title:_ The research status of central venous catheterization-associated thrombosis: a bibliometrics
analysis_
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 <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)
1	All support for the present	Time frame: Since the initial V None	pranning of the work
	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	v_None	
	any entity (if not indicated		
2	in item #1 above).	of Name	
3	Royalties or licenses	VNone	
4	Consulting fees	vNone	

6 I t	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending	vNonevNonevNone	
6 I t	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or	vNone	
6 I t	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or		
6 I t	speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or		
6 I t	manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or		
7 S	educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or		
6 I t	Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or		
7 S	Support for attending meetings and/or travel Patents planned, issued or		
8 1	meetings and/or travel Patents planned, issued or		
8 1	meetings and/or travel Patents planned, issued or		
8 1	Patents planned, issued or	vNone	
		v_none	
	pending		
		,	
	Participation on a Data	vNone	
	Safety Monitoring Board or		
	Advisory Board		
	Leadership or fiduciary role	vNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11 9	Stock or stock options	v_None	
	Receipt of equipment,	v_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
	Other financial or non-	v_None	
f	financial interests		

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.

te:2022-03-22
ur Name: Sheng Tang
nuscript Title: The research status of central venous catheterization-associated thrombosis: a bibliometrics
alysis_
nuscript 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 <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)
1	All support for the present	Time frame: Since the initial V None	planning of the work
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	vNone	
		Time frame: past	36 months
2	Grants or contracts from	v_None	
	any entity (if not indicated		
3	in item #1 above).	y None	
3	Royalties or licenses	VNone	
4	Consulting fees	vNone	

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

Dr. Tang 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.