Date:	2022-4-25	
Your Name:	Jing Li	
Manuscript T	Title: Application of metagenomic next-generation sequencing for the diagnosis of intracranial infe	ction of
<u>Listeria monc</u>	<u>ocytogenes</u>	
Manuscript n	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</u> <u>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)
		Time frame: Since the initial	
1	All support for the present	⊠None	
	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	⊠None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠None	
4	Consulting fees	⊠None	

5	Payment or honoraria for	☑None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	⊠None	
	testimony		
_			
7	Support for attending	⊠None	
	meetings and/or travel		
8	Patents planned, issued or	⊠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		
11	group, paid or unpaid	⊠None	
11	Stock or stock options	[™] None	
12	Receipt of equipment,	⊠None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	☑None	
	financial interests		

None.

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

Date:	2022-4-25
Your Name:	You Zhang
Manuscript Ti	tle: Application of metagenomic next-generation sequencing for the diagnosis of intracranial infection of
<u>Listeria mono</u>	<u>cytogenes</u>
Manuscript nu	umber (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</u> <u>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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	⊠None	
	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	⊠None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠None	
4	Consulting fees	⊠None	

5	Payment or honoraria for	☑None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	⊠None	
	testimony		
_			
7	Support for attending	⊠None	
	meetings and/or travel		
8	Patents planned, issued or	⊠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		
11	group, paid or unpaid	⊠None	
11	Stock or stock options	[™] None	
12	Receipt of equipment,	⊠None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	☑None	
	financial interests		

None.

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

 Date:
 2022-4-25

 Your Name:
 Quanquan Zhang

 Manuscript Title:
 Application of metagenomic next-generation sequencing for the diagnosis of intracranial infection of *Listeria monocytogenes*

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</u> <u>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 auron ant fair tha prize	Time frame: Since the initial	planning of the work
1	All support for the present	☑None	
	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	⊠None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠None	
4	Consulting fees	⊠None	

5	Payment or honoraria for	⊠None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	⊠None	
	testimony		
_			
7	Support for attending	⊠None	
	meetings and/or travel		
8	Patents planned, issued or	⊠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		
11	group, paid or unpaid	⊠None	
11	Stock or stock options	[™] None	
12	Receipt of equipment,	⊠None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	☑None	
	financial interests		

None.

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

Date:	2022-4-25	
Your Name:	Shiqi Lu	
Manuscript Ti	tle: Application of metagenomic next-generation sequencing for the diagnosis of intracranial inf	ection of
<u>Listeria monoc</u>	<u>cytogenes</u>	
Manuscript nu	umber (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</u> <u>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)
		Time frame: Since the initial	planning of the work
1	All support for the present	⊠None	
	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	⊠None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠None	
4	Consulting fees	⊠None	

5	Payment or honoraria for	☑None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	⊠None	
	testimony		
_			
7	Support for attending	⊠None	
	meetings and/or travel		
8	Patents planned, issued or	⊠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		
11	group, paid or unpaid	⊠None	
11	Stock or stock options	[™] None	
12	Receipt of equipment,	⊠None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	☑None	
	financial interests		

None.

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

 Date:
 2022-4-25

 Your Name:
 Fang Huang

 Manuscript Title:
 Application of metagenomic next-generation sequencing for the diagnosis of intracranial infection of Listeria monocytogenes

 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</u> <u>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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	⊠None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	⊠None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠None	
4	Consulting fees	⊠None	

5	Payment or honoraria for	⊠None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	⊠None	
_			
7	Support for attending meetings and/or travel	⊠None	
8	Patents planned, issued or	⊠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	☑None	
12	Dessint of any incost	⊠None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠none	
13	Other financial or non-	⊠None	
15	financial interests		

None.

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

Date:	2022-4-25				
Your Name:	Jun Wang				
Manuscript Ti	tle: Application of metagenomic next-generation sequencing for the diagnosis of intracranial infection of				
Listeria monocytogenes					
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</u> <u>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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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 Gusu Health Talents Programme	No. GSWS2020006
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	

The author reports the grants from Gusu Health Talents Programme(No. GSWS2020006).

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