|--|

Your Name: Zheng-Zheng Ma

Manuscript Title: Construction of a nursing solution to prevent and control urinary tract infection in the early

stages of kidney transplantation

Manuscript number (if k	nown):

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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		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.	X_None	pranning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

	Payment or honoraria for	<u>X</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony	<u>X</u> IVOIIC	
7	Support for attending meetings and/or travel	<u>X</u> None	
	-		
8	Patents planned, issued or	<u>X</u> None	
	pending		
		No.	
9	Participation on a Data Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	<u>X</u> NOTE	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical	<u>X</u> None	
	writing, gifts or other		
	services		
	Other financial or non- financial interests	X None	

None.			

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

|--|

Your Name: Hu-Juan Yang

Manuscript Title: Construction of a nursing solution to prevent and control urinary tract infection in the early

stages of kidney transplantation

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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

None.			

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

Date: 2021-10-18
Your Name:Xi Pan
Manuscript Title: Construction of a nursing solution to prevent and control urinary tract infection in the early
stages of kidney transplantation
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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

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

Date:2021-10-18

Your Name: Ya-Dong Duan

Manuscript Title: Construction of a nursing solution to prevent and control urinary tract infection in the early

stages of kidney transplantation

Manuscript number (if known)	<u>.</u>
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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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

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

Date: 2021-10-18
Your Name: <u>Li Li</u>
Manuscript Title: Construction of a nursing solution to prevent and control urinary tract infection in the early
stages of kidney transplantation
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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

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

Date: <u>2021-10-18</u>
Your Name: <u>Yan Xiao</u>
Manuscript Title: Construction of a nursing solution to prevent and control urinary tract infection in the early
stages of kidney transplantation
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.

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		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,	<u>X</u> None	
	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	<u>X</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

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

Date:	2021-1	10-18

Your Name: Meng-Yi Cao

Manuscript Title: Construction of a nursing solution to prevent and control urinary tract infection in the early

stages of kidney transplantation

Manuscript number (if known):	
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3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

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

Date:	2021-10-	<u> 18</u>

Your Name: Chun-Ya Qian

Manuscript Title: Construction of a nursing solution to prevent and control urinary tract infection in the early

stages of kidney transplantation

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

None.				

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

Date: 2021-10-18
Your Name: Mei-E Niu
Manuscript Title: Construction of a nursing solution to prevent and control urinary tract infection in the early
stages of kidney transplantation
Manuscript number (if known):

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

5	Payment or honoraria for lectures, presentations, speakers bureaus,	<u>X</u> None							
	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							
8	Patents planned, issued or	<u>X</u> None							
	pending								
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	<u>X</u> None							
11	group, paid or unpaid	V							
11	Stock or stock options	<u>X</u> None							
12	Receipt of equipment,	V Name							
12	materials, drugs, medical	<u>X</u> None							
	writing, gifts or other								
	services								
13	Other financial or non- financial interests	<u>X</u> None							
Ple	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: