## ICMJE DISCLOSURE FORM

Date:	<u> 2022-1-27</u>	<u>7</u>
Your	Name: $\underline{Ya}$	ng Cao

Manuscript Title: Comparison of different urine culture methods in urinary tract infection

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.

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

5	Payment or honoraria for	<b>√</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√ None	
	testimony	vnone	
7	Support for attending	√ None	
	meetings and/or travel	<b>v</b> none	
8	Patents planned, issued or	<b>√</b> _None	
	pending		
9	Participation on a Data	<b>√</b> _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>√</b> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>√</b> None	
		vnone	
12	Receipt of equipment,	√ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	<b>√</b> None	
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Ple	ease place an "X" next to the	e following statement to in	dicate your agreement:

 $\underline{X}$  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: <u>2022-1-27</u>
Your Name: <u>Fei Gao</u>
Manuscript Title: Comparison of different urine culture methods in urinary tract infection

Manuscript number (if known):\_

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	in item #1 above).		
	in item #1 abovej.		
3	Royalties or licenses	<b>√</b> None	
4	Consulting fees	<b>√</b> None	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>√</b> None	
	testimony		
7	Support for attending meetings and/or travel	<b>√</b> None	
8	Patents planned, issued or pending	√_None	
9	Participation on a Data	<b>√</b> _None	
	Safety Monitoring Board or	<b>v</b> _none	
	Advisory Board		
10	Leadership or fiduciary role	./ .	
10	in other board, society,	<b>√</b> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>√</b> None	
12	Receipt of equipment,	<b>√</b> None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	<b>√</b> None	
	illianciai interests		
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rie	ase summarize the above co	ominict of interest in the fol	iowing box:
	None.		
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

 $\underline{\hspace{0.3cm}} X\_ \ I \ certify \ that \ I \ have \ answered \ every \ question \ and \ have \ not \ altered \ the \ wording \ of \ the \ questions \ on \ this \ form.$ 

## ICMJE DISCLOSURE FORM

Date: 2022-1-27
Your Name:Wei Chen

Manuscript Title: Comparison of different urine culture methods in urinary tract infection

Manuscript number (if known):	

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	in item #1 above).		
	in item #1 abovej.		
3	Royalties or licenses	<b>√</b> None	
4	Consulting fees	<b>√</b> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	√_None	
6	Payment for expert testimony	<b>√</b> None	
7	Support for attending meetings and/or travel	<b>√</b> None	
8	Patents planned, issued or pending	<b>√</b> _None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<b>√</b> _None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<b>√</b> None	
11	Stock or stock options	<b>√</b> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<b>√</b> None	
13	Other financial or non- financial interests	√None	
Ple	Please summarize the above conflict of interest in the following box:		
	None.		
Dla	assa placa an "Y" payt to the	following statement to in	dicate your agreement:

 $\underline{\hspace{0.1cm}}X\_I$  certify that I have answered every question and have not altered the wording of any of the questions on this form.