Date: May 21st, 2022
Your Name: Qian Zhai
Manuscript Title: Changes in pathogens of neonatal bacterial meningitis over the past 12 years: a single-center
retrospective study
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, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_ X _None	
4	Consulting fees	_ X _None	

5	Payment or honoraria for lectures, presentations,	_ X _None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ X _None	
	testimony		
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	_ X _None	
	pending		
9	Participation on a Data	_ X _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_ X _None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_ X _None	
12	Receipt of equipment,	_ X _None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_ X _None	
	financial interests		

None.			

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

Date: May 21st, 202	2
Your Name: Shujua	1 Li
Manuscript Title: <u>C</u>	hanges in pathogens of neonatal bacterial meningitis over the past 12 years: a single-center
retrospective study	
Manuscript number	(if known):

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	No time limit for this item.		
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3	Royalties or licenses	_X_None	
4	Consulting fees	X _None	

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	Advisory Board		
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	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_ X _None	
12	Receipt of equipment,	_ X _None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_ X _None	
	financial interests		

None.			

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

Date: May 21st, 2022
Your Name: Lan Zhang
Manuscript Title: Changes in pathogens of neonatal bacterial meningitis over the past 12 years: a single-center
retrospective study
Manuscript number (if known):

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	writing, gifts or other		
	services		
13	Other financial or non-	_ X _None	
	financial interests		

None.			

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

Date: May 21st, 2022
Your Name: Yi Yang
Manuscript Title: Changes in pathogens of neonatal bacterial meningitis over the past 12 years: a single-center
retrospective study
Manuscript number (if known):

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12	Receipt of equipment,	_ X _None	
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	writing, gifts or other		
	services		
13	Other financial or non-	_ X _None	
	financial interests		

None.			

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

Date: May 21st, 2022	
Your Name: Siyuan Jia	ang
Manuscript Title:_Cha	anges in pathogens of neonatal bacterial meningitis over the past 12 years: a single-center
retrospective study_	
Manuscript number (i	if known):

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13	Other financial or non-	_ X _None	
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None.			

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

Date: May 21st, 2022
Your Name: Yun Cao
Manuscript Title: Changes in pathogens of neonatal bacterial meningitis over the past 12 years: a single-center
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Manuscript number (if known):

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