Date: 2022	/10/14
Your Name	: Li Shuangzi
Manuscrip [®]	: Title: Risk factors for central venous catheter-related thrombosis in hospitalized children in Southwest
China	
Manuscrip	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)
		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.	xNone	
		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	xNone	

Payment or honoraria for lectures, presentations,	x_None	
	x_None	
testimony		
Support for attending meetings and/or travel	_xNone	
Patents planned, issued or pending	_xNone	
Participation on a Data	xNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	_xNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
Stock or stock options	x_None	
	xNone	
materials, drugs, medical		
services		
	x_None	
financial interests		
	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 Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	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 Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonx_None

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form. The author has no conflicts of interest to declare.

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

Date: 2022/10/27	
Your Name: Yetao Luo	
Manuscript Title: Risk factors for central venous catheter-related thrombosis in hospitalized children in	n Southwest
China	
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)
		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.	xNone	
		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	xNone	

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

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form. The author has no conflicts of interest to declare.

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

Date: 2022/10/2	7
Your Name: Jiax	in Deng
Manuscript Title	: Risk factors for central venous catheter-related thrombosis in hospitalized children in Southwest
China	
Manuscript num	ber (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)
		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.	xNone	
		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	xNone	

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

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form. The author has no conflicts of interest to declare.

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

Date: 2022/10/14	
Your Name:Junqi Zeng	
Manuscript Title: Risk	factors for central venous catheter-related thrombosis in hospitalized children in Southwest
China	
Manuscript number (i	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)
		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.	xNone	
		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	xNone	

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

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form. The author has no conflicts of interest to declare.

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

Date: 2022/1)/14
Your Name:N	lingping Fan
Manuscript T	tle: Risk factors for central venous catheter-related thrombosis in hospitalized children in Southwest
China	
Manuscript n	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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	xNone	
		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	xNone	

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

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form. The author has no conflicts of interest to declare.

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

Date: 2022/10/14	
Your Name:Ting Wang	
	venous catheter-related thrombosis in hospitalized children in Southwest
China	·
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)
		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.	xNone	
		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	xNone	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Payment for expert testimony Payment for attending meetings and/or travel Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Pacceipt of equipment, materials, drugs, medical writing, gifts or other services Payment or honoraria for lectures, presentations, speakers bureaus, samples withing and services withing and society. None X None None None				
lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or nonx_None None				
speakers bureaus, manuscript writing or educational events 6	5	•	xNone	
manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- X_None				
educational events 6		speakers bureaus,		
6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- X_None		manuscript writing or		
testimony Support for attending meetings and/or travel Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Leadership or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services A None		educational events		
Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- X_None	6	Payment for expert	xNone	
Meetings and/or travel		testimony		
Meetings and/or travel				
8 Patents planned, issued or pendingxNone	7		_xNone	
pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Revenue Manage Manage Manage x None x None x None x None x None		G ,		
pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Revenue Manage Manage Manage x None x None x None x None x None				
9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options	8	T	_xNone	
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- X_None		pending		
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- X_None				
Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or nonx_None	9	Participation on a Data	xNone	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- xNone				
in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options		•		
committee or advocacy group, paid or unpaid 11 Stock or stock options xNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or nonxNone	10		_xNone	
group, paid or unpaid 11 Stock or stock options x_None 12 Receipt of equipment,				
11 Stock or stock options x_None 12 Receipt of equipment,		•		
materials, drugs, medical writing, gifts or other services 13 Other financial or nonx_None	11		xNone	
materials, drugs, medical writing, gifts or other services 13 Other financial or nonx_None				
materials, drugs, medical writing, gifts or other services 13 Other financial or nonx_None				
writing, gifts or other services 13 Other financial or nonx_None	12	Receipt of equipment,	xNone	
services 13 Other financial or nonx_None				
13 Other financial or nonx_None				

financial interests	13		xNone	
		financial interests		

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form. The author has no conflicts of interest to declare.

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

Date: 2022/10/14	
Your Name:Qing Xia	
Manuscript Title: Risk factors for central venous catheter-related thrombosis in hospitalized children	n Southwest
China	
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)
		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.	xNone	
		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	xNone	

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

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form. The author has no conflicts of interest to declare.

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