Date: 1. 02
Your Name:
Manuscript Title: Antimicrobial susceptibility and serotype distribution of streptococcus processes processes
1111 I- Cu-hou 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.
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.

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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 initi	al 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	
57		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	The second secon
4	Consulting fees	None	a control service of the service of

manuscript writing or educational events Payment for expert None testimony Support for attending None 7 meetings and/or travel 8 Patents planned, issued or None pending 9 Participation on a Data None Safety Monitoring Board or **Advisory Board** Leadership or fiduciary role None in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None 12 Receipt of equipment, None materials, drugs, medical writing, gifts or other services 13 Other financial or non-None financial interests

None

Payment or honoraria for lectures, presentations, speakers bureaus,

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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:

Date:	11. 12	5		
Your Name:	Tino	Wang		
Manuscript Title: Antimic	robial susce	ptibility and serot	rpe distribution of Streptococcus pneumo	niae Isolates amere
children in Suzhou, China			y a significant or other tococcus pineum	mae isolates among
Manuscript number (if kno	own):			

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>.

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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 initia	al 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	
7	A STATE OF THE PARTY OF THE PAR	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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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	
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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	

Please summarize the above conflict of interest in the following box:

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

Da	te: 2023.   05		
	ur Name: Yuting He		
M	anuscript Title: <u>Antimicrobia</u>	I susceptibility and seroty	pe distribution of Streptococcus pneumoniae isolates among
	lldren in Suzhou, China		
M	anuscript number (if known)		
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	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to	e author's relationships/acti the epidemiology of hyperto edication, even if that medic	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
In		pport for the work report	ed in this manuscript without time limit. For all other items,
		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)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None	
	No time limit for this item.		
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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None

Consulting fees

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

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### ICMJE DISCLOSURE FORM

Date: 2023. 11.1	
Your Name: Wujun	liang
Manuscript Title: Antin	nicrobial susceptibility and serotype distribution of Streptococcus pneumoniae isolates among
The state of the s	10
Manuscript number (if I	(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)
h i		Time frame: Since the initi	al 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: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
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0	Payment for expert testimony	None	
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7	Support for attending	None	
100	meetings and/or travel	None	
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8	Patents planned, issued or	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
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10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		and the second control of the second
11	Stock or stock options	None	
12	Receipt of equipment,	None	The state of Children Section 1997
	materials, drugs, medical		A CONTRACT MANAGEMENT OF THE STATE OF
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
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Please summarize the above conflict of interest in the following box:

None			
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Please place an "X" next to the following statement to indicate your agreement:

Date: _ → 23,11,	9	
Your Name:	Humig	Sun
Manuscript Title:	Antimicrobial si	usceptibility and serotype distribution of Streptococcus pneumoniae isolates among
children in Suzhou	, China	
Manuscript number	er (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)  Time frame: Since the init	Specifications/Comments (e.g., if payments were made to you or to your institution)  ial planning of the work
		None	
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	manuscript (e.g., funding,		
	provision of study materials,		Land Service Control of the Control
	medical writing, article processing charges, etc.)		
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3	Royalties or licenses		
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4	Consulting fees	None	
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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	The design of the second to th
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	Control of the state of the sta
13	Other financial or non- financial interests	None	
Ple	ease summarize the above co	onflict of interest in the	following box:

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

Da	te: 7077, 11.09		
Yo	ur Name: Thenarov	la Chen	
M	anuscript Title: Antimicrobia	al suscentibility and corot	ype distribution of Streptococcus pneumoniae isolates among
ch	ildren in Suzhou, China	ar susceptionity and serot	ype distribution of Streptococcus pneumoniae isolates among
	anuscript number (if known)	:	
pa to	rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
Th m	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
to		ension, you should declar	e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other items,
		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)
	THE RESERVE TO SHARE THE PARTY OF THE PARTY	Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None	
	processing charges, etc.) No time limit for this item.		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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Consulting fees

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
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7	Support for attending	None	
	meetings and/or travel		
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10	in other board, society, committee or advocacy	None	The state of the s
	group, paid or unpaid		THE REAL PROPERTY AND ADDRESS OF THE PARTY AND
11	Stock or stock options	None	
12	Receipt of equipment,	None	The Character of the Control of the
	materials, drugs, medical		The State of the Control of the Cont
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

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

PORTE DISCLOSURE FORIN
Date: 2013.11.08
Your Name: Tao Zhang
Manuscript Title: Antimicrobial susceptibility and serotype distribution of Streptococcus pneumoniae isolates among children in Suzhou, 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.
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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	
-	Carlo Section 1	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	None	
	testimony		
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3	Patents planned, issued or pending	None	
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)	Participation on a Data	None	
	Safety Monitoring Board or	ivone	
	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	
.2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
228	services		
13	Other financial or non-	None	
	financial interests		

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

Date: 1023 - 11 - 09	
Your Name: Yong don Yan	
Manuscript Title: Antimicrobial susceptibility and serotype children in Suzhou, China  Manuscript number (15 km anni)	
children in Suzhou. China	e distribution of Streptococcus pneumoniae icolores
Manuscript number (if known):	phedmoniae isolates among

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	Commence Annual Annual Annual Commence

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events		
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	
Ple	ease summarize the above co	nflict of Interest in the f	ollowing box:
	None		

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