

ICMJE DISCLOSURE FORM

Date: 2023. 11. 02
 Your Name: Ge Dai
 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.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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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)
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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.	<u>None</u>
Time frame: past 36 months		
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3	Royalties or licenses	<u>None</u>
4	Consulting fees	<u>None</u>

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	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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13	Other financial or non-financial interests	___ None	

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None

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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: 2025. 11. 18

Your Name: Ting Wang

Manuscript Title: Antimicrobial susceptibility and serotype distribution of Streptococcus pneumoniae Isolates among children in Suzhou, China

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023.11.03
 Your Name: Yutian He
 Manuscript Title: Antimicrobial susceptibility and serotype distribution of Streptococcus pneumoniae isolates among children in Suzhou, China
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023.11.1

Your Name: Wujun Jiang

Manuscript Title: Antimicrobial susceptibility and serotype distribution of Streptococcus pneumoniae isolates among children in Suzhou, China

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023.11.9
 Your Name: Huiniq Sun
 Manuscript Title: Antimicrobial susceptibility and serotype distribution of Streptococcus pneumoniae isolates among children in Suzhou, China
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023.11.09
 Your Name: Zhengrong Chen
 Manuscript Title: Antimicrobial susceptibility and serotype distribution of Streptococcus pneumoniae isolates among children in Suzhou, China
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023.11.08

Your Name: Tao Zhang

Manuscript Title: Antimicrobial susceptibility and serotype distribution of Streptococcus pneumoniae isolates among children in Suzhou, China

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023-11-09

Your Name: Yongdong Yan

Manuscript Title: Antimicrobial susceptibility and serotype distribution of Streptococcus pneumoniae isolates among children in Suzhou, China

Manuscript number (if known): _____

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