

ICMJE DISCLOSURE FORM

Date: Aug. 2nd, 2021

Your Name: Jiande Chen

Manuscript Title: Effects of minocycline on macrolide-unresponsive *Mycoplasma pneumoniae* pneumonia in children: 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.

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

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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)
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None.

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Date: Aug. 2nd, 2021

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Date: Aug. 2nd, 2021

Your Name: Yong Yin

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Date: Aug. 2nd, 2021

Your Name: Lei Zhang

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Date: Aug. 2nd, 2021

Your Name: Jing Zhang

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