

## ICMJE DISCLOSURE FORM

Date: 2021/12/07

Your Name: Dequan Su

Manuscript Title: Risk Factors for Breakthrough Urinary Tract Infection in Children with Vesicoureteral Reflux Receiving Continuous Antibiotic Prophylaxis

Manuscript number (if known): TP-21-398-R2

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Yes.	This study was supported by Xiamen Health Guidance Project [Grant No. 3502Z20209215]
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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	speakers bureaus, manuscript writing or educational events		
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## ICMJE DISCLOSURE FORM

Date: 2021/12/06

Your Name: Qian Shen

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## ICMJE DISCLOSURE FORM

Date: 2021/12/07

Your Name: Yihui Zhai

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Date: 2021/12/07

Your Name: Jing Chen

Manuscript Title: Risk Factors for Breakthrough Urinary Tract Infection in Children with Vesicoureteral Reflux Receiving Continuous Antibiotic Prophylaxis

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## ICMJJE DISCLOSURE FORM

Date: 2021/12/07

Your Name: **Jia Rao**

Manuscript Title: **Risk Factors for Breakthrough Urinary Tract Infection in Children with Vesicoureteral Reflux Receiving Continuous Antibiotic Prophylaxis**

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## ICMJE DISCLOSURE FORM

Date: 2021/12/07

Your Name: Qianfan Miao

Manuscript Title: Risk Factors for Breakthrough Urinary Tract Infection in Children with Vesicoureteral Reflux Receiving Continuous Antibiotic Prophylaxis

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Date: 2021/12/07

Your Name: Xianshan Tang

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## ICMJE DISCLOSURE FORM

Date: 2021/12/07

Your Name: **Zhiqing Zhang**

Manuscript Title: **Risk Factors for Breakthrough Urinary Tract Infection in Children with Vesicoureteral Reflux Receiving Continuous Antibiotic Prophylaxis**

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## ICMJE DISCLOSURE FORM

Date: 2021/12/07

Your Name: Jiaojiao Liu

Manuscript Title: Risk Factors for Breakthrough Urinary Tract Infection in Children with Vesicoureteral Reflux Receiving Continuous Antibiotic Prophylaxis

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## ICMJJE DISCLOSURE FORM

Date: 2021/12/07

Your Name: **Hong Xu**

Manuscript Title: **Risk Factors for Breakthrough Urinary Tract Infection in Children with Vesicoureteral Reflux Receiving Continuous Antibiotic Prophylaxis**

Manuscript number (if known): **TP-21-398-R2**

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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 2021/12/07

Your Name: Xiaoyan Fang

Manuscript Title: Risk Factors for Breakthrough Urinary Tract Infection in Children with Vesicoureteral Reflux Receiving Continuous Antibiotic Prophylaxis

Manuscript number (if known): TP-21-398-R2

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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