Date:2022/11/18	
Your Name: Huiqiang Liu	
Manuscript Title: Second-trimester miscarriage caused by recurrent Klebsiella pneumoniae infection: a case rep	or
Manuscript number (if known):	_

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None.	
Please place an "X" next to the following statement to indicate your agreement:	
$_{\sf X}$ $_{\sf I}$ certify that I have answered every question and have not altered the wording of any of the quest	

Your Name: Wenhao Wang

Manuscript Title: Second-trimester miscarriage caused by recurrent Klebsiella pneumoniae infection: a case report

Manuscript number (if known):

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	Payment or honoraria for	V None		
5	lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
8	Patents planned, issued or	X None		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or	_		
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
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11	Stock or stock options	XNone		
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	materials, drugs, medical writing, gifts or other			
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13	Other financial or non-	X None		
	financial interests	XNone		
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Date:2022/11/18
Your Name: Yanping Wei
Manuscript Title: Second-trimester miscarriage caused by recurrent Klebsiella pneumoniae infection: a case report

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Date:2022/	11/18	
Your Name	: Wen	Zhang

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_X __ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:2022/11/18
Your Name: Fei Meng
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	pending		
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	Safety Monitoring Board or Advisory Board		
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