

ICMJE DISCLOSURE FORM

Date: 2021-4-1
 Your Name: Jin min
 Manuscript Title: Clinical features of multidrug-resistant organism infections in early postoperative solid organ transplantation in a single center
 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.

The author's relationships/activities/interests should be defined broadly. 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.

		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 initial planning of the work			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	NO
3	Royalties or licenses	<input checked="" type="checkbox"/> None	NO
4	Consulting fees	<input checked="" type="checkbox"/> None	NO

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>√</u> None	NO
6	Payment for expert testimony	<u>√</u> None	NO
7	Support for attending meetings and/or travel	<u>√</u> None	NO
8	Patents planned, issued or pending	<u>√</u> None	NO
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>√</u> None	NO
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>√</u> None	NO
11	Stock or stock options	<u>√</u> None	NO
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>√</u> None	NO
13	Other financial or non-financial interests	<u>√</u> None	NO

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

I have completed the Conflict of Interest Form and declare that: (i) no support, financial or otherwise, has been received from any organization that may have an interest in the submitted work ; and (ii) there are no other relationships or activities that could appear to have influenced the submitted work.

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