Date: May 1,2021 Your Name: Pan Xu

Manuscript Title: Analysis of the epidemiological and clinical characteristics of 65 patients with scrub typhus

on the east coast of China

Manuscript number (if known): APM-21-1100_

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	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_X_None _X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	_XNone	

Please place an "X" next to the following statement to indicate your agreement:

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

None.

Date:_May 1,2021__

Your Name: Guomin Mao

Manuscript Title: Analysis of the epidemiological and clinical characteristics of 65 patients with scrub typhus

on the east coast of China

Manuscript number (if known): <u>APM-21-1100</u>

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	medical writing, article		
	processing charges, etc.)		
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	_XNone
	testimony	
7	Support for attending meetings and/or travel	XNone
	Ç , , , , , ,	
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	_XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy	
44	group, paid or unpaid	V. Al
11	Stock or stock options	XNone
42	Descript of any	V. Nega
12	Receipt of equipment, materials, drugs, medical	XNone
	writing, gifts or other services	
13	Other financial or non-	X None
13	financial interests	NOTIC
	inialiciai interests	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:_May 1,2021__

Your Name: Haiyan Jiang

Manuscript Title: Analysis of the epidemiological and clinical characteristics of 65 patients with scrub typhus

on the east coast of China____

Manuscript number (if known): <u>APM-21-1100</u>

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4	Consulting fees	XNone	

	rectures, presentations,					
	speakers bureaus,					
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	educational events					
6	Payment for expert	X None				
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	testimony					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone				
	pending					
9	Participation on a Data	_XNone				
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	Advisory Board					
10	Leadership or fiduciary role	X None				
	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	X None				
	·					
12	Receipt of equipment,	X None				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	X None				
13	financial interests					
	illianciai iliterests					
P Please summarize the above conflict of interest in the following box:						
ſ	None.					

Please place an "X" next to the following statement to indicate your agreement:

Payment or honoraria for

X__None

Date: May 1,2021 Your Name: Yuting Ren

Manuscript Title: Analysis of the epidemiological and clinical characteristics of 65 patients with scrub typhus

on the east coast of China

Manuscript number (if known): <u>APM-21-1100</u>

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	testimony	
7	Support for attending meetings and/or travel	XNone
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	pending	
9	Participation on a Data	_XNone
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	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy	
44	group, paid or unpaid	V. Al
11	Stock or stock options	XNone
42	Descript of any	V. Nega
12	Receipt of equipment, materials, drugs, medical	XNone
	writing, gifts or other services	
13	Other financial or non-	X None
13	financial interests	NOTIC
	inialiciai interests	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May 1,2021 Your Name: Yue Wang

Manuscript Title: Analysis of the epidemiological and clinical characteristics of 65 patients with scrub typhus

on the east coast of China____

Manuscript number (if known): <u>APM-21-1100</u>

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	educational events	
6	Payment for expert	_XNone
	testimony	
7	Support for attending meetings and/or travel	XNone
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10	Leadership or fiduciary role	XNone
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11	Stock or stock options	XNone
42	Descript of any	V. Nega
12	Receipt of equipment, materials, drugs, medical	XNone
	writing, gifts or other services	
13	Other financial or non-	X None
13	financial interests	NOTIC
	inialiciai interests	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:_May 1,2021__

Your Name: _ Guiwen Liang

Manuscript Title: Analysis of the epidemiological and clinical characteristics of 65 patients with scrub typhus

on the east coast of China

Manuscript number (if known): <u>APM-21-1100</u>

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	_XNone
	testimony	
7	Support for attending meetings and/or travel	XNone
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8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	_XNone
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	Advisory Board	
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11	Stock or stock options	XNone
42	Descript of any	V. Nega
12	Receipt of equipment, materials, drugs, medical	XNone
	writing, gifts or other services	
13	Other financial or non-	X None
13	financial interests	NOTIC
	inialiciai interests	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May 1,2021 Your Name: Wei Liu

Manuscript Title: Analysis of the epidemiological and clinical characteristics of 65 patients with scrub typhus

on the east coast of China

Manuscript number (if known): APM-21-1100_

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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
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4	Consulting fees	XNone	

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6	Payment for expert	_XNone
	testimony	
7	Support for attending meetings and/or travel	XNone
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8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	_XNone
	Safety Monitoring Board or	
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10	Leadership or fiduciary role	XNone
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44	group, paid or unpaid	V. Al
11	Stock or stock options	XNone
42	Descript of any	V. Nega
12	Receipt of equipment, materials, drugs, medical	XNone
	writing, gifts or other services	
13	Other financial or non-	X None
13	financial interests	NOTIC
	inialiciai interests	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May 1,2021 Your Name: Yang Zhou

Manuscript Title: Analysis of the epidemiological and clinical characteristics of 65 patients with scrub typhus

on the east coast of China

Manuscript number (if known): <u>APM-21-1100</u>

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7	Support for attending meetings and/or travel	XNone
	Ç , , , , , ,	
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12	Receipt of equipment, materials, drugs, medical	XNone
	writing, gifts or other services	
13	Other financial or non-	X None
13	financial interests	NOTIC
	inialiciai interests	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:_May 1,2021__

Your Name: Zhongwei Huang

Manuscript Title: Analysis of the epidemiological and clinical characteristics of 65 patients with scrub typhus

on the east coast of China

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8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	_XNone
	Safety Monitoring Board or	
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10	Leadership or fiduciary role	XNone
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44	group, paid or unpaid	V. Al
11	Stock or stock options	XNone
42	Descript of any	V. Nega
12	Receipt of equipment, materials, drugs, medical	XNone
	writing, gifts or other services	
13	Other financial or non-	X None
13	financial interests	NOTIC
	inialiciai interests	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May 1,2021 Your Name: Bin Zhang

Manuscript Title: Analysis of the epidemiological and clinical characteristics of 65 patients with scrub typhus

on the east coast of China

Manuscript number (if known): <u>APM-21-1100</u>

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7	Support for attending meetings and/or travel	XNone
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9	Participation on a Data	_XNone
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12	Receipt of equipment,	XNone
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	_XNone
	financial interests	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:_May 1,2021__

Your Name: Xiaodong Chen

Manuscript Title: Analysis of the epidemiological and clinical characteristics of 65 patients with scrub typhus

on the east coast of China

Manuscript number (if known): <u>APM-21-1100</u>

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	writing, gifts or other	
	services	
13	Other financial or non-	_XNone
	financial interests	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May 1,2021 Your Name: Lei Qi

Manuscript Title: Analysis of the epidemiological and clinical characteristics of 65 patients with scrub typhus

on the east coast of China___

Manuscript number (if known): <u>APM-21-1100</u>

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

_		
5	Payment or honoraria for	XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	_XNone
	testimony	
7	Support for attending meetings and/or travel	XNone
	<u> </u>	
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	_XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	XNone
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	_XNone
	financial interests	

None.			

Please place an "X" next to the following statement to indicate your agreement: