

## ICMJE DISCLOSURE FORM

Date: 2021-4-21

Your Name: Yiyi Qian

Manuscript Title: **Predictors of mortality in patients with carbapenem-resistant Klebsiella pneumoniae infection: A meta-analysis**

Manuscript number (if known): **APM-21-338**

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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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)
<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>	project of Huashan Hospital North (HSBY2019007)	
		grants from the Shanghai Municipal Planning Commission of Science and Research Fund (20204Y0441)	
<b>Time frame: past 36 months</b>			
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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Dr. Qian reports funding support from the project of Huashan Hospital North (HSBY2019007) and grants from the Shanghai Municipal Planning Commission of Science and Research Fund (20204Y0441).

**Please place an “X” next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

Date: 2021-4-21

Your Name: Yingmin Bi

Manuscript Title: Predictors of mortality in patients with carbapenem-resistant Klebsiella pneumoniae infection: A meta-analysis

Manuscript number (if known): APM-21-338

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## ICMJE DISCLOSURE FORM

Date: 2021-4-21

Your Name: Shuang Liu

Manuscript Title: Predictors of mortality in patients with carbapenem-resistant Klebsiella pneumoniae infection: A meta-analysis

Manuscript number (if known): APM-21-338

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## ICMJE DISCLOSURE FORM

Date: 2021-4-21

Your Name: Xiangyu Li

Manuscript Title: Predictors of mortality in patients with carbapenem-resistant Klebsiella pneumoniae infection: A meta-analysis

Manuscript number (if known): APM-21-338

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## ICMJE DISCLOSURE FORM

Date: 2021-4-21

Your Name: Shuaiyue Dong

Manuscript Title: Predictors of mortality in patients with carbapenem-resistant Klebsiella pneumoniae infection: A meta-analysis

Manuscript number (if known): APM-21-338

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## ICMJE DISCLOSURE FORM

Date: 2021-4-21

Your Name: Mohan Ju

Manuscript Title: Predictors of mortality in patients with carbapenem-resistant Klebsiella pneumoniae infection: A meta-analysis

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