Date:	Sep 26 th ,2021
Your Name:	Hongling Ou
Manuscript Title:_	_ Rapid detection of multiple pathogens by the combined loop-mediated isothermal amplification
technology and m	icrofluidic chip technology
Manuscript numb	er (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.

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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)
	··· · ·	Time frame: Since the initial	planning of the work
1	All support for the present	_x_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
in	in item #1 above).		
3	Royalties or licenses	_x_None	
4	Consulting fees	_x_None	

5	5 Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	y Nono	
6	Payment for expert testimony	_x_None	
	testimony		
7	Support for attending	_x_None	
'	meetings and/or travel		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	x_None	
	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		
10	services		
13	Other financial or non- financial interests	xNone	

None

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

Date:	Sep 26 th ,2021
Your Name:	Qiyuan Wang
Manuscript Title:	Rapid detection of multiple pathogens by the combined loop-mediated isothermal amplification
technology and m	icrofluidic chip technology
Manuscript numb	er (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.

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		Time frame: Since the initial	planning of the work
1	All support for the present	x_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_x_None	
4	Consulting fees	_x_None	

5	5 Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_x_None	
	testimony		
7			
7	Support for attending meetings and/or travel	_x_None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10		xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Dessint of any inmant	v. Nene	
12	,	x_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

None

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

Date:	Sep 26 th ,2021
Your Name:	Yingying Ma
Manuscript Title:	_ Rapid detection of multiple pathogens by the combined loop-mediated isothermal amplification
technology and m	icrofluidic chip technology
Manuscript numb	er (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.

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_x_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	_x_None	
4	Consulting fees	_x_None	

5	5 Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_x_None	
	testimony		
-			
7	Support for attending meetings and/or travel	_x_None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10		xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Dessint of any inmant	v. Nene	
12	,	x_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

None

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

Date:	Sep 26 th ,2021
Your Name:	_Chen Liu
Manuscript Title:	Rapid detection of multiple pathogens by the combined loop-mediated isothermal amplification
technology and m	icrofluidic chip technology
Manuscript numb	er (if known):

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_x_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	_x_None	
4	Consulting fees	_x_None	

5	5 Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_x_None	
	testimony		
-			
7	Support for attending meetings and/or travel	_x_None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10		xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Dessint of any inmant	v. Nene	
12	,	x_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

None

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

Date:	Sep 26 th ,2021
Your Name:	Lianling Jia
Manuscript Title:	Rapid detection of multiple pathogens by the combined loop-mediated isothermal amplification
technology and m	icrofluidic chip technology
Manuscript numb	er (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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	_x_None	
4	Consulting fees	_x_None	

5	5 Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_x_None	
	testimony		
-			
7	Support for attending meetings and/or travel	_x_None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10		xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Dessint of any inmant	v. Nene	
12	Receipt of equipment,	x_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

None

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

Date:	Sep 26 th ,2021
Your Name:	Qiaoyun Zhang
Manuscript Title:	Rapid detection of multiple pathogens by the combined loop-mediated isothermal amplification
technology and m	icrofluidic chip technology
Manuscript numb	er (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.

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

5	5 Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_x_None	
	testimony		
7			
7	Support for attending meetings and/or travel	_x_None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10		xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Dessint of any inmant	v. Nene	
12	Receipt of equipment,	x_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

None

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

Date:	Sep 26 th ,2021
Your Name:	Mengwen Li
Manuscript Title:	Rapid detection of multiple pathogens by the combined loop-mediated isothermal amplification
technology and m	icrofluidic chip technology
Manuscript numb	er (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.

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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)
	··· • ·	Time frame: Since the initial	planning of the work
1	All support for the present	_x_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
in	in item #1 above).		
3	Royalties or licenses	_x_None	
4	Consulting fees	_x_None	

5	5 Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_x_None	
	testimony		
7			
7	Support for attending meetings and/or travel	_x_None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10		xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Dessint of any inmant	v. Nene	
12	Receipt of equipment,	x_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

None

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

Date:	Sep 26 th ,2021
Your Name:	_Xinxin Feng
Manuscript Title:	Rapid detection of multiple pathogens by the combined loop-mediated isothermal amplification
technology and m	icrofluidic chip technology
Manuscript numb	er (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.

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	··· · ·	Time frame: Since the initial	planning of the work
1	All support for the present	_x_None	
	manuscript (e.g., funding,		
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
in	in item #1 above).		
3	Royalties or licenses	_x_None	
4	Consulting fees	_x_None	

5	5 Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_x_None	
	testimony		
-			
7	Support for attending meetings and/or travel	_x_None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10		xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Dessint of any inmant	v. Nene	
12	Receipt of equipment,	x_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

None

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

Date:	Sep 26 th ,2021
Your Name:	Meng Li
Manuscript Title:	Rapid detection of multiple pathogens by the combined loop-mediated isothermal amplification
technology and m	icrofluidic chip technology
Manuscript numb	er (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.

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1	All support for the present	_x_None	
	manuscript (e.g., funding,		
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	processing charges, etc.)		
	No time limit for this item.		
	Time frame: past 36 months		
2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_x_None	
4	Consulting fees	_x_None	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_x_None	
	testimony		
7	Support for attending meetings and/or travel	_x_None	
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	x_None	
12		x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
10	financial interests		

None

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

Date:	Sep 26 th ,2021
Your Name:	Xinru Wang
Manuscript Title:	Rapid detection of multiple pathogens by the combined loop-mediated isothermal amplification
technology and m	icrofluidic chip technology
Manuscript numb	er (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.

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2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_x_None	
4	Consulting fees	_x_None	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_x_None	
	testimony		
7	Support for attending meetings and/or travel	_x_None	
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	x_None	
12		x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
10	financial interests		

None

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

Date:	Sep 26 th ,2021
Your Name:	Chengbin Wang
Manuscript Title:	Rapid detection of multiple pathogens by the combined loop-mediated isothermal amplification
technology and m	icrofluidic chip technology
Manuscript numb	er (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.

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	No time limit for this item.		
	Time frame: past 36 months		
2	Grants or contracts from	x_None	
	any entity (if not indicated		
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3	Royalties or licenses	_x_None	
4	Consulting fees	_x_None	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_x_None	
	testimony		
7	Support for attending meetings and/or travel	_x_None	
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	x_None	
12		x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
10	financial interests		

None

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