

ICMJE DISCLOSURE FORM

Date: 2021-10-23

Your Name: Xia Chen

Manuscript Title: Incidence and risk factors for poor perioperative blood glucose management in patients with diabetic foot: a retrospective study

(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)
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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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8	Patents planned, issued or pending	None	
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13	Other financial or non-financial interests	None	

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The authors have no conflicts of interest to declare.

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

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form.

ICMJE DISCLOSURE FORM

Date: 2021-10-23

Your Name: Meifang Wu

Manuscript Title: Incidence and risk factors for poor perioperative blood glucose management in patients with diabetic foot: a retrospective study

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Date: 2021-10-23

Your Name: Qin Hu

Manuscript Title: Incidence and risk factors for poor perioperative blood glucose management in patients with diabetic foot: a retrospective study

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Date: 2021-10-23

Your Name: Xiu Cheng

Manuscript Title: Incidence and risk factors for poor perioperative blood glucose management in patients with diabetic foot: a retrospective study

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