Date:\_\_\_\_2021-11

18\_\_\_\_

Your Name:\_\_\_Wei Xia\_

Manuscript Title:\_\_\_\_\_Risk factors for multidrug-resistant bacterial infections in

patients with diabetic foot ulcers: a meta-analysis

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 <u>current</u> <u>manuscript only</u>.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
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>	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
0	testimony		
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest

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

Date:\_\_\_2021-11-

18\_\_\_\_

Your Name:\_\_\_Weiwei He

Manuscript Title:\_\_\_\_\_Risk factors for multidrug-resistant bacterial infections in

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3	Royalties or licenses	None	

4	Consulting fees	None	
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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
0	testimony		
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
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	Advisory Board		
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	group, paid or unpaid		
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	materials, drugs, medical		
	writing, gifts or other		
	services		
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	financial interests		

No conflict of interest

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Date:\_\_\_2021-11-

18\_\_\_\_\_

Your Name:\_\_\_\_Tingting

Luo\_\_\_

Manuscript Title:\_\_\_\_\_Risk factors for multidrug-resistant bacterial infections in

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Manuscript number (if known):\_\_\_\_\_

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time inite for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
-	Deverage and an loss service for	News	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
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13	Other financial or non-	None	
	financial interests		

No conflict of interest

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

Date:\_\_\_2021-11-

18\_\_\_\_

Your Name:\_\_\_Nie Tang\_

Manuscript Title:\_\_\_\_\_Risk factors for multidrug-resistant bacterial infections in

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Manuscript number (if known):\_\_\_

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3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
0	testimony		
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7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
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