Date: Your Name:		Hua Xiao	
Manuscript Title:		amic monitoring of PCT in the early identification	
		APM-21-3232	
	•	o disclose all relationships/activities/interests list Related" means any relation with for-profit or not	

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) 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.) No time limit for this item.	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		None	

	Payment or honoraria for		
	lectures, presentations,		
	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	
	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		

None			

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

Date:	2021-11-10	
Your Name:	Haiyong Jia _	
Manuscript Title:		PCT in the early identification of pathogens and
Manuscript number (if known): APM-21-3	232

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		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 lectures, presentations, speakers bureaus,	None	

	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	
	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		

None	

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

Date:	20	021-11-06	
Your Nan	ne:	Xiaow	ei Yuan
Manuscri	ipt Title: The	value of dynamic monitor	ing of PCT in the early identification of pathogens and
Manuscri	ipt number (if known):	APN	л-21-3232
related to parties w to transp	o the content of your markers to the content of your markers of the content of th	nanuscript. "Related" mea affected by the content o	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
The follow manuscri		o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to the ep	idemiology of hyperter	_	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	1 below, report all suppersupersu	•	d in this manuscript without time limit. For all other items,
		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	
		needed) Time frame: Since the initia	
4 411			ii planning of the work
	upport for the present	None	
	uscript (e.g., funding, rision of study materials,		
I -	ical writing, article		
	essing charges, etc.)		
	ime limit for this item.		
110		Time frame: pas	t 36 months
2 Gran	nts or contracts from	None	- So monens
	entity (if not indicated	110/10	
_	em #1 above).		
	alties or licenses	None	
1.090			
4 Cons	sulting fees	None	

None

	Payment or honoraria for		
	lectures, presentations,		
	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	
	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		

None			

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

Date:	2021-11-07	
Your Name:	Qiuxiang Zhou	
Manuscript Title:	The value of dynamic monitoring of PCT in the early identification of pat m infections in the ICU	:hogens and
	nown): APM-21-3232	
	arency, we ask you to disclose all relationships/activities/interests listed be	

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	medical writing, article		
	processing charges, etc.)		
	No time limit 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	
_			
5		None	

	Payment or honoraria for		
	lectures, presentations,		
	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 Safety Monitoring Board or	None	
	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		

None			

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

	ICIVIJE DISCLOSURE FORIVI
Date:	2021-11-05
Your Name:	2021-11-05 Wenfang Li
Manuscript Title:	The value of dynamic monitoring of PCT in the early identification of pathogens and m infections in the ICU
Manuscript number (i	nown): APM-21-3232
related to the content parties whose interes to transparency and d	arency, we ask you to disclose all relationships/activities/interests listed below that are f your manuscript. "Related" means any relation with for-profit or not-for-profit third may be affected by the content of the manuscript. Disclosure represents a commitment as not necessarily indicate a bias. If you are in doubt about whether to list a serest, it is preferable that you do so.
The following questio manuscript only.	apply to the author's relationships/activities/interests as they relate to the <u>current</u>
to the epidemiology o	ps/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains hypertension, you should declare all relationships with manufacturers of antihypertensive medication is not mentioned in the manuscript.
•	t all support for the work reported in this manuscript without time limit. For all other item osure is the past 36 months.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other item	s,
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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	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		None	

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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 Safety Monitoring Board or	None	
	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		

None			

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

Date:	2021-11-06	
Your Name:	Hongwei Shan	
Manuscript Title:	The value of dynamic monitoring of PCT in the early identification of pathogens a	ınd
prognosis of bloodstre	eam infections in the ICU	
Manuscript number (i	f known):APM-21-3232	

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	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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Date:		2021-11-05			
			T in the early identification of pathogens an	d	
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related to the content parties whose interests to transparency and do relationship/activity/ir	of your manuscript. s may be affected be ses not necessarily interest, it is preferal	. "Related" means any rel by the content of the mand indicate a bias. If you are able that you do so.	ships/activities/interests listed below that a elation with for-profit or not-for-profit third nuscript. Disclosure represents a commitme e in doubt about whether to list a		
The following question manuscript only.	s apply to the autho	or's relationships/activition	ties/interests as they relate to the <u>current</u>		
to the epidemiology of	hypertension, you	· · · · · · · · · · · · · · · · · · ·	oroadly. For example, if your manuscript per onships with manufacturers of antihyperten script.		

		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)			
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	testimony		
	_		
	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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	Advisory Board		
10	Leadership or fiduciary role	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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