

## ICMJE DISCLOSURE FORM

**Date:** 2021-12.29

**Your Name:** Chen Peng

**Manuscript Title:** Risk factors for postoperative delirium in ICU patients with severe illness based on meta-analysis and systematic review

**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.**

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The author has no conflicts of interest to declare.

**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:** 2021-12.29

**Your Name:** Miaoshu Wang

**Manuscript Title:** Risk factors for postoperative delirium in ICU patients with severe illness based on meta-analysis and systematic review

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**Date:** 2021-12.29

**Your Name:** Yanqing Geng

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**Your Name:** Ping Dong

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