Date:8/1

Your Name: Ju Lue Huang

Manuscript Title: Neutrophil-to-lymphocyte ratio and lactate dehydrogenase for early diagnosis of

AIDS patients with Talaromyces marneffei infection

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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		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.	None	None
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

		1	
5	Payment or honoraria for	None	None
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	None
	testimony		
7	Cuppert for attending	None	None
,	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or	None	None
	pending		
9	Participation on a Data	None	None
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	None
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	None
12	Receipt of equipment,	None	None
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	None
	financial interests		

I have no conflict of interest.		

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

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:8/1

Your Name: Xiao Xuan Zhou

Manuscript Title: Neutrophil-to-lymphocyte ratio and lactate dehydrogenase for early diagnosis of

AIDS patients with Talaromyces marneffei infection

Manuscript number (if known):_____

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	materials, drugs, medical		
	writing, gifts or other services		
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	financial interests		

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

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Date:8/1

Your Name: Ping Luo

Manuscript Title: Neutrophil-to-lymphocyte ratio and lactate dehydrogenase for early diagnosis of

AIDS patients with Talaromyces marneffei infection

Manuscript number (if known):______

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7	Cuppert for attending	None	None
,	Support for attending meetings and/or travel	None	None
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	materials, drugs, medical		
	writing, gifts or other services		
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	financial interests		

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Date:8/1

Your Name: Xiao Yan Lu

Manuscript Title: Neutrophil-to-lymphocyte ratio and lactate dehydrogenase for early diagnosis of

AIDS patients with Talaromyces marneffei infection

Manuscript number (if known):______

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4	Consulting fees	None	None

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

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Date:8/1

Your Name: Lin Hui Liang

Manuscript Title: Neutrophil-to-lymphocyte ratio and lactate dehydrogenase for early diagnosis of

AIDS patients with Talaromyces marneffei infection

Manuscript number (if known):_____

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3	Royalties or licenses	None	None
4	Consulting fees	None	None

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5	Payment or honoraria for	None	None
	lectures, presentations,		
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	educational events		
6	Payment for expert	None	None
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7	Cuppert for attending	None	None
,	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or	None	None
	pending		
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	Advisory Board		
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12	Receipt of equipment,	None	None
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	None
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Date:8/1

Your Name: Gui Bin Lan

Manuscript Title: Neutrophil-to-lymphocyte ratio and lactate dehydrogenase for early diagnosis of

AIDS patients with Talaromyces marneffei infection

Manuscript number (if known):_____

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	materials, drugs, medical		
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Date:8/1

Your Name: Li Chen

Manuscript Title: Neutrophil-to-lymphocyte ratio and lactate dehydrogenase for early diagnosis of

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Manuscript number (if known):______

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3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

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Date:8/1

Your Name: Fa Quan Lin

Manuscript Title: Neutrophil-to-lymphocyte ratio and lactate dehydrogenase for early diagnosis of

AIDS patients with Talaromyces marneffei infection

Manuscript number (if known):_____

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8	Patents planned, issued or	None	None
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9	Darticination on a Data	None	None
9	Participation on a Data Safety Monitoring Board or	None	Notice
	Advisory Board		
10	Leadership or fiduciary role	None	None
	in other board, society,		
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11	Stock or stock options	None	None
12	Descript of annique ant	Mana	Naga
12	Receipt of equipment, materials, drugs, medical	None	None
	writing, gifts or other		
13	services Other financial or non-	None	None
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