

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
MARIANTHI

2. Surname (Last Name)  
ILIOPOULOU

3. Date  
26-October-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
acteriology, antibiotic resistance and risk stratification of  
patients with culture-positive, community-acquired pleural infection

6. Manuscript Identifying Number (if you know it)  
JTD-20-2786

### Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. ILIOPOULOU has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) VASILEIOS	2. Surname (Last Name) SKOURAS	3. Date 24-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name MARIANTHI ILIOPOULOU
5. Manuscript Title Bacteriology, antibiotic resistance and risk stratification of patients with culture-positive, community-acquired pleural infection		
6. Manuscript Identifying Number (if you know it) JTD 20-2786		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. SKOURAS has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) ZOE	2. Surname (Last Name) PSAROUDAKI	3. Date 25-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name MARIANTHI ILIOPOULOU
5. Manuscript Title Bacteriology, antibiotic resistance and risk stratification of patients with culture-positive, community-acquired pleural infection		
6. Manuscript Identifying Number (if you know it) JTD-20-2786		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. PSAROUDAKI has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

MAGDA

2. Surname (Last Name)

MAKARONA

3. Date

26-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

MARIANTHI ILIOPOULOU

5. Manuscript Title

Bacteriology, antibiotic resistance and risk stratification of patients with culture-positive, community-acquired pleural infection

6. Manuscript Identifying Number (if you know it)

JTD-20-2786

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Dr. MAKARONA has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
EVANGELOS

2. Surname (Last Name)  
VOGIATZAKIS

3. Date  
22-October-2020

4. Are you the corresponding author? ☐ Yes ☒ No

Corresponding Author's Name  
Marianthi Iliopoulou

5. Manuscript Title  
Bacteriology, antibiotic resistance and risk stratification of  
patients with culture-positive, community-acquired pleural infection

6. Manuscript Identifying Number (if you know it)  
JTD-20-2786

patients with community-acquired pleural infection

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

ELENI

2. Surname (Last Name)

TSORLINI

3. Date

22-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

MARIANTHI ILIOPOULOU

5. Manuscript Title

Bacteriology, antibiotic resistance and risk stratification of patients with culture-positive, community-acquired pleural infection

6. Manuscript Identifying Number (if you know it)

JTD 20-2786

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

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☒ No

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☐ Yes

☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. TSORLINI has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

ELENI

2. Surname (Last Name)

KATSIFA

3. Date

24-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Bacteriology, antibiotic resistance and risk stratification of patients with culture-positive, community-acquired pleural infection

6. Manuscript Identifying Number (if you know it)

JTD-20-2786

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☒ No

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☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. KATSIFA has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
DIONYSIOS

2. Surname (Last Name)  
SPYRATOS

3. Date  
25-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
MARIANTHI ILIOPOULOU

5. Manuscript Title  
Bacteriology, antibiotic resistance and risk stratification of patients with culture-positive, community-acquired pleural infection

6. Manuscript Identifying Number (if you know it)  
JTD - 2786

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. SPYRATOS has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Dimitra	2. Surname (Last Name) Siopi	3. Date 22-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Iliopoulou Marianthi
5. Manuscript Title Bacteriology, antibiotic resistance and risk stratification of patients with culture-positive, community-acquired pleural infection		
6. Manuscript Identifying Number (if you know it) JTD-20-2786		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Siopi has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) OURANIA	2. Surname (Last Name) KOTSIOU	3. Date 26-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name MARIANTHI ILIOPOULOU
5. Manuscript Title Bacteriology, antibiotic resistance and risk stratification of patients with culture-positive, community-acquired pleural infection		
6. Manuscript Identifying Number (if you know it) JTD - 20-2786		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. KOTSIU has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) STELIOS	2. Surname (Last Name) XITSAS	3. Date 23-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name MARIANTHI ILIOPOULOU
5. Manuscript Title Bacteriology, antibiotic resistance and risk stratification of patients with culture-positive, community-acquired pleural infection		
6. Manuscript Identifying Number (if you know it) JTD 20-2786		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. XITSAS has nothing to disclose.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

MARIA

2. Surname (Last Name)

MARTSOUKOU

3. Date

25-October-2020

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Bacteriology, antibiotic resistance and risk stratification of patients with culture-positive, community-acquired pleural infection

6. Manuscript Identifying Number (if you know it)

JTD 20-2786

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. MARTSOUKOU has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

IOANNA

2. Surname (Last Name)

SIGALA

3. Date

25-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

MARIANTHI ILIOPOULOU

5. Manuscript Title

Bacteriology, antibiotic resistance and risk stratification of patients with culture-positive, community-acquired pleural infection

6. Manuscript Identifying Number (if you know it)

JTD-202786

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

### Section 3.

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

### Section 4.

#### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. SIGALA has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) IOANNIS	2. Surname (Last Name) KALOMENIDIS	3. Date 23-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name MARIANTHI ILIOPOULOU
5. Manuscript Title Bacteriology, antibiotic resistance and risk stratification of patients with culture-positive, community-acquired pleural infection		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. KALOMENIDIS has nothing to disclose.

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