ICMJE DISCLOSURE FORM

Date: June 26,2021	_
Your Name: Bingqi Sun	
Manuscript Title: Diagnostic performance of DNA microarray for detecting rifampicin and isoniazid resistance in	
Mycobacterium tuberculosis	
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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

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

_ X _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: <u>June 26,2021</u>
Your Name: Ying Sun
Manuscript Title: Diagnostic performance of DNA microarray for detecting rifampicin and isoniazid resistance in
Mycobacterium tuberculosis
Manuscript number (if known):

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