Date:	2023/7/20	
Your Name:	Xiaohong Chen	
Manuscript Title:	A predictive model fo	or the identification of the risk of sepsis in patients with Gram-positive
bacteria in the inte	nsive care unit	
Manuscript numbe	r (if known):	
	•	to disclose all relationships/activities/interests listed below that are
	•	"Related" means any relation with for-profit or not-for-profit third
parties whose inter	ests may be affected by	the content of the manuscript. Disclosure represents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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 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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
42	D :	V N		
12	Receipt of equipment, materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Please summarize the above conflict of interest in the following box:				

None			

Date	e:2023/7/2	.0	
You	r Name: Yufen	g Zhou	
	uscript Title: A predict eria in the intensive care u		cation of the risk of sepsis in patients with Gram-positive
Man	uscript number (if known):		
relat part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of If you are in doubt about whether to list a so.
	following questions apply touscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to th	• •	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other items
		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 initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone	
	processing charges, etc.) No time limit for this item.		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	at 36 months
3	Royalties or licenses	X None	

_X__None

4

Consulting fees

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
42	D :	V N		
12	Receipt of equipment, materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Please summarize the above conflict of interest in the following box:				

None			

Date:	_2023/7/20	_
Your Name:	Li Luo	
Manuscript Title:	A predictive model for the identification of the risk of sepsis in patients with Gram-positi	ve
bacteria in the inte	ive care unit	
Manuscript numbe	if known):	
related to the conto parties whose inter	sparency, we ask you to disclose all relationships/activities/interests listed below that are to fyour manuscript. "Related" means any relation with for-profit or not-for-profit third its may be affected by the content of the manuscript. Disclosure represents a commitment loss not passes with indicate a bias. If you are in doubt about whether to list a	
•	loes not necessarily indicate a bias. If you are in doubt about whether to list a interest, it is preferable that you do so.	
i cia diononionip/ activit	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.

		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	X_None	
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
42	D :	V N		
12	Receipt of equipment, materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Please summarize the above conflict of interest in the following box:				

None			

Date:	2023/7/20	
Your Name:	Xiaojing Peng _	
Manuscript Title:	A predictive mode	el for the identification of the risk of sepsis in patients with Gram-positive
bacteria in the inte	nsive care unit	
Manuscript numbe	r (if known):	
In the interest of tr	ansparency, we ask y	ou to disclose all relationships/activities/interests listed below that are

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.

		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.	XNone			
		Time frame: past	36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	V N		
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel	xNone		
	meetings and/or traver			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	X None		
11	Stock of Stock options			
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

None			

isk of sepsis in patients with Gram-positive
/activities/interests listed below that are on with for-profit or not-for-profit third ipt. Disclosure represents a commitment doubt about whether to list a
•

manuscript only.

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.

		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	XNone				
	processing charges, etc.)					
	No time limit for this item.					
		Time frame: past	26 months			
2	Grants or contracts from	X None	30 months			
2	any entity (if not indicated	XNone				
	in item #1 above).					
3	Royalties or licenses	XNone				
	C h: C	V N				
4	Consulting fees	XNone				

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	V N		
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel	xNone		
	meetings and/or traver			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	X None		
11	Stock of Stock options			
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

None			