

## ICMJE DISCLOSURE FORM

**Date:** Sep 19th, 2023

**Your Name:** Xu-Hui Wen

**Manuscript Title:** Pleural fluid soluble Fas ligand and tuberculous pleural effusion: A prospective diagnostic test accuracy study.

**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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	

3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
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**Please summarize the above conflict of interest in the following box:**

None
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**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:** Sep 19th, 2023

**Your Name:** Jian-Xun Wen

**Manuscript Title:** Pleural fluid soluble Fas ligand and tuberculous pleural effusion: A prospective diagnostic test accuracy study.

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**Date:** Sep 19th, 2023

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**Your Name:** Li Yan

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**Date:** Sep 19th, 2023

**Your Name:** Jin-Hong Huang

**Manuscript Title:** Pleural fluid soluble Fas ligand and tuberculous pleural effusion: A prospective diagnostic test accuracy study.

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**Your Name:** Hong Chen

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**Your Name:** Ting-Wang Jiang

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7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
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**Date:** Sep 19th, 2023

**Your Name:** Wen-Qi Zheng

**Manuscript Title:** Pleural fluid soluble Fas ligand and tuberculous pleural effusion: A prospective diagnostic test accuracy study.

**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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3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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