

ICMJE DISCLOSURE FORM

Date: 02/08/2023

Your Name: Chengyong Ma

Manuscript Title: Clinical value of the red cell distribution width to albumin ratio in the assessment of prognosis in critically ill patients with sepsis: a retrospective analysis

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 **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. 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)
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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Please summarize the above conflict of interest in the following box:

I declare that I have no conflict of interest related to this work
--

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.

Ma Chengyan

ICMJE DISCLOSURE FORM

Date: 02/08/2023

Your Name: Guopeng Liang

Manuscript Title: Clinical value of the red cell distribution width to albumin ratio in the assessment of prognosis in critically ill patients with sepsis: a retrospective analysis

Manuscript number (if known): _____

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Time frame: past 36 months			
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Liang GuoPeng

ICMJE DISCLOSURE FORM

Date: 22/08/2023

Your Name: Bo Wang

Manuscript Title: Clinical value of the red cell distribution width to albumin ratio in the assessment of prognosis in critically ill patients with sepsis: a retrospective analysis

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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Wang Bo

ICMJE DISCLOSURE FORM

Date: 17.08.2023

Your Name: Dr. Michael Eisenhut

Manuscript Title: Clinical value of the red cell distribution width to albumin ratio in the assessment of prognosis in critically ill patients with sepsis: a retrospective analysis

Manuscript number (if known): _____

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None

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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 19th August 2023

Your Name: Eloísa Urechaga

Manuscript Title: Clinical value of the red cell distribution width to albumin ratio in the assessment of prognosis in critically ill patients with sepsis: a retrospective analysis

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	None	
4	Consulting fees	None	

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

Please summarize the above conflict of interest in the following box:

None

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: 21 August 2023
Your Name: Christian J. Wiedermann
Manuscript Title: see below
Manuscript number (if known): not known

Clinical value of the red cell distribution width to albumin ratio in the assessment of prognosis in critically ill patients with sepsis: a retrospective analysis

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


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

Please summarize the above conflict of interest in the following box:

Fees for speaking and/or consulting from Biotest, CSL Behring, and Grifols.

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.


Christian J. Wiedermann

ICMJE DISCLOSURE FORM

Date: 16/08/2023

Your Name: David Andaluz Ojeda

Manuscript Title: Clinical value of the red cell distribution width to albumin ratio in the assessment of prognosis in critically ill patients with sepsis: a retrospective analysis

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	None	
4	Consulting fees	None	

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

Please summarize the above conflict of interest in the following box:

I declare that I have no conflict of interest related to this work
--

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: **17th August 2023**
 Your Name: **Dr James O'Rourke_ Medical Council Number (IMC): 19540**

Manuscript Title: **Clinical value of the red cell distribution width to albumin ratio in the assessment of prognosis in critically ill patients with sepsis: a retrospective analysis**

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	_____ None	

4	Consulting fees	<u> </u> None	
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13	Other financial or non-financial interests	<u> </u> None	

Please summarize the above conflict of interest in the following box:

No Conflicts of Interests

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: 05/08/2023

Your Name: Zhongwei Zhang

Manuscript Title: Clinical value of the red cell distribution width to albumin ratio in the assessment of prognosis in critically ill patients with sepsis: a retrospective analysis

Manuscript number (if known): _____

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I declare that I have no conflict of interest related to this work

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Zhang Zhongwei

ICMJE DISCLOSURE FORM

Date: 10/08/2023

Your Name: Xiaodong Jin

Manuscript Title: Clinical value of the red cell distribution width to albumin ratio in the assessment of prognosis in critically ill patients with sepsis: a retrospective analysis

Manuscript number (if known): _____

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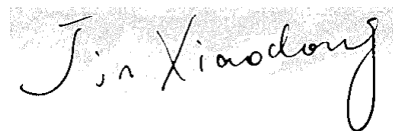
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ICMJE DISCLOSURE FORM

Date: 02/08/2023

Your Name: Xi Zhong

Manuscript Title: Clinical value of the red cell distribution width to albumin ratio in the assessment of prognosis in critically ill patients with sepsis: a retrospective analysis

Manuscript number (if known): _____

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Zhong Xi