

## ICMJE DISCLOSURE FORM

Date: 2024/3/11

Your Name: Sishi Cai

Manuscript Title: Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection

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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<b>Time frame: Since the initial planning of the work</b>			
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	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

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

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: 2024/3/11

Your Name: Jianying Yuan

Manuscript Title: Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2024/3/11

Your Name: Yingzhen Li

Manuscript Title: Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2024/3/11

Your Name: Fengming Guo

Manuscript Title: Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2024/3/11

Your Name: Zengshun Lin

Manuscript Title: Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2024/3/11

Your Name: Hongyi Li

Manuscript Title: Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2024/3/11

Your Name: Qing Miao

Manuscript Title: Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2024/3/11 \_\_\_\_\_

Your Name: \_\_\_\_\_ Tingting Fang \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2024/3/11 \_\_\_\_\_

Your Name: \_\_\_\_\_ Yuan Wu \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2024/3/11 \_\_\_\_\_

Your Name: \_\_\_\_\_ Xiaodong Gao \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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Date: \_\_\_\_\_ 2024/3/11 \_\_\_\_\_

Your Name: \_\_\_\_\_ Pei Li \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> Guangzhou KingMed Diagnostics Group Company Limited	

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2024/3/11 \_\_\_\_\_

Your Name: \_\_\_\_\_ Jun Liu \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2024/3/11 \_\_\_\_\_

Your Name: \_\_\_\_\_ Chaohui Hu \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2024/3/11 \_\_\_\_\_

Your Name: \_\_\_\_\_ Bijie Hu \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Etiological diagnostic performance of probe capture-based targeted next-generation sequencing in bloodstream infection \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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