Date: \_\_\_\_\_ Jul. 11th, 2023\_\_\_\_ Your Name: Canxia Huang Manuscript Title: Chlamydia psittaci causing severe pneumonia with an initial complaint of massive watery sputum: a case report

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.

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

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

None

# Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_ Jul. 11th, 2023\_\_\_\_\_ Your Name:\_\_\_<u>Miaomiao Liu</u> Manuscript Title:\_<u>Chlamydia psittaci causing severe pneumonia with an initial complaint of massive watery sputum: a</u> <u>case report</u>\_\_\_\_\_ Manuscript number (if known):\_\_\_\_\_

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	manuscript (e.g., funding,		
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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       Patticipation 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 interests      None				
lectures, presentations, speakers bureaus, manuscript writing or educational events				
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manuscript writing or educational events		lectures, presentations,		
educational events		speakers bureaus,		
educational events		-		
6       Payment for expert testimony				
testimony	6		None	
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meetings and/or travel		testimony		
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8       Patents planned, issued or pending	7		None	
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Safety Monitoring Board or Advisory Board		pending		
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writing, gifts or other services	12			
services       13     Other financial or non-  None				
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		Time frame: past	36 months
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2	any entity (if not indicated	None	
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3	Royalties or licenses	None	
4	Consulting fees	None	

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educational events		speakers bureaus,		
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Safety Monitoring Board or Advisory Board		pending		
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12     Receipt of equipment, materials, drugs, medical writing, gifts or other services    None       13     Other financial or non-    None	11		None	
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writing, gifts or other services	12			
services       13     Other financial or non-  None				
13 Other financial or nonNone				
financial interests	13		None	
		financial interests		

None

# Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Jul. 11<sup>th</sup>, 2023</u> Your Name: <u>Chengdi Yuan</u> Manuscript Title: <u>Chlamydia psittaci causing severe pneumonia with an initial complaint of massive watery sputum: a</u> <u>case report</u> Manuscript number (if known):

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Т	All support for the present manuscript (e.g., funding,		
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	No time limit for this item.		
		Time from a sect	
2		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
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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       Patticipation 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 interests      None				
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writing, gifts or other services	12			
services       13     Other financial or non-  None				
13 Other financial or nonNone				
financial interests	13		None	
		financial interests		

None

# Please place an "X" next to the following statement to indicate your agreement:

Date: \_\_\_\_\_ Jul. 11th, 2023\_\_\_\_\_\_ Your Name: \_\_\_\_Yu Wang\_\_\_ Manuscript Title: \_\_<u>Chlamydia psittaci causing severe pneumonia with an initial complaint of massive watery sputum: a</u> <u>case report \_\_\_\_\_</u> Manuscript number (if known): \_\_\_\_\_

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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       Patticipation 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 interests      None				
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Safety Monitoring Board or Advisory Board		pending		
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Advisory Board	9		None	
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12     Receipt of equipment, materials, drugs, medical writing, gifts or other services    None       13     Other financial or non-    None	11		None	
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services       13     Other financial or non-  None				
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financial interests	13		None	
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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       Patticipation 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 interests      None				
lectures, presentations, speakers bureaus, manuscript writing or educational events				
speakers bureaus, manuscript writing or educational events	5	Payment or honoraria for	None	
manuscript writing or educational events		lectures, presentations,		
educational events		speakers bureaus,		
educational events		-		
6       Payment for expert testimony				
testimony	6		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-      None	0			
meetings and/or travel		testimony		
meetings and/or travel	_			
8       Patents planned, issued or pending	7		None	
pending		meetings and/or travel		
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pending	0	Patents planned issued or	Nono	
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-      None	0			
Safety Monitoring Board or Advisory Board		pending		
Safety Monitoring Board or Advisory Board				
Advisory Board	9		None	
10       Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid      None         11       Stock or stock options      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-      None				
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committee or advocacy	10	Leadership or fiduciary role	None	
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-      None		in other board, society,		
11       Stock or stock options      None         12       Receipt of equipment, materials, drugs, medical writing, gifts or other services      None         13       Other financial or non-      None		committee or advocacy		
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12     Receipt of equipment, materials, drugs, medical writing, gifts or other services    None       13     Other financial or non-    None	11		None	
materials, drugs, medical writing, gifts or other services				
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writing, gifts or other services	12			
services       13     Other financial or non-  None				
13 Other financial or nonNone				
	10			
financial interests	13		None	
		financial interests		

None

# Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_ Jul. 11th, 2023\_\_\_\_\_ Your Name:\_\_\_\_ Jianyang Yin\_\_\_

Manuscript Title: <u>Chlamydia psittaci causing severe pneumonia with an initial complaint of massive watery sputum: a</u> <u>case report</u>

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</u> <u>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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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>	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 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

None

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lectures, presentations, speakers bureaus, manuscript writing or educational events				
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manuscript writing or educational events		lectures, presentations,		
educational events		speakers bureaus,		
educational events		-		
6       Payment for expert testimony				
testimony	6		None	
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meetings and/or travel		testimony		
meetings and/or travel	_			
8       Patents planned, issued or pending	7		None	
pending		meetings and/or travel		
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pending	0	Patents planned issued or	Nono	
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Safety Monitoring Board or Advisory Board		pending		
Safety Monitoring Board or Advisory Board				
Advisory Board	9		None	
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materials, drugs, medical writing, gifts or other services				
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materials, drugs, medical writing, gifts or other services	12	Possint of aquinment	Nono	
writing, gifts or other services	12			
services       13     Other financial or non-  None				
13 Other financial or nonNone				
	10			
financial interests	13		None	
		financial interests		

None

# Please place an "X" next to the following statement to indicate your agreement:

 Date:
 Jul. 11th, 2023

 Your Name:
 Minggen Zhou

 Your Name:
 Minggen Zhou

 Manuscript Title:
 Chlamydia psittaci causing severe pneumonia with an initial complaint of massive watery sputum: a

 case report
 Manuscript number (if known);

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

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educational events		-		
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testimony	6		None	
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meetings and/or travel		testimony		
meetings and/or travel	_			
8       Patents planned, issued or pending	7		None	
pending		meetings and/or travel		
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Safety Monitoring Board or Advisory Board		pending		
Safety Monitoring Board or Advisory Board				
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12     Receipt of equipment, materials, drugs, medical writing, gifts or other services    None       13     Other financial or non-    None	11		None	
materials, drugs, medical writing, gifts or other services				
materials, drugs, medical writing, gifts or other services				
materials, drugs, medical writing, gifts or other services	12	Possint of aquinment	Nono	
writing, gifts or other services	12			
services       13     Other financial or non-  None				
13 Other financial or nonNone				
	10			
financial interests	13		None	
		financial interests		

None

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