ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Po Chung

2. Surname (Last Name)  
Chan

3. Date  
23-March-2020

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Patterns and infection outcomes of bacterial colonization in patients with indwelling abdominal drains for malignant ascites

6. Manuscript Identifying Number (if you know it)  
APM-2018-IPCO-08

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Dr. Chan has nothing to disclose.

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<td>Ka Wai Alice</td>
<td>Cheung</td>
<td>23-March-2020</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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**Corresponding Author’s Name**
Po Chung Chan

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Dr. Cheung has nothing to disclose.

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1. Given Name (First Name) Chun Hung
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Corresponding Author’s Name Po Chung Chan

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1. Given Name (First Name)  
   Lie Meng

2. Surname (Last Name)  
   Hwang

3. Date  
   23-March-2020

4. Are you the corresponding author?  
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   Po Chung Chan

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