

## 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.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Weiping      2. Surname (Last Name) Liu      3. Date 25-March-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Yongfang Yang

5. Manuscript Title  
Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation

6. Manuscript Identifying Number (if you know it)  
APM-20-65

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Department of Science & Technology of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of Human Resources and Social Security of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Commission of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest?     Yes     No

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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1. Given Name (First Name) Tianhui	2. Surname (Last Name) Guo	3. Date 25-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yongfang Yang
5. Manuscript Title Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation		
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1. Given Name (First Name) Haoxue      2. Surname (Last Name) Li      3. Date 25-March-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Yongfang Yang

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1. Given Name (First Name) Yuping      2. Surname (Last Name) Zhao      3. Date 25-March-2020

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Yongfang Yang

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kai

2. Surname (Last Name)  
Zhang

3. Date  
25-March-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Yongfang Yang

5. Manuscript Title  
Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation

6. Manuscript Identifying Number (if you know it)  
APM-20-65

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Department of Science & Technology of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of Human Resources and Social Security of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Commission of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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### Section 6. Disclosure Statement

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Dr. Zhang reports grants from Department of Science & Technology of Inner Mongolia, grants from Department of Human Resources and Social Security of Inner Mongolia, grants from State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention, grants from Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society, grants from Health Commission of Inner Mongolia, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Yunting      2. Surname (Last Name) Hai      3. Date 25-March-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Yongfang Yang

5. Manuscript Title  
Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation

6. Manuscript Identifying Number (if you know it)  
APM-20-65

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?     Yes     No

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Health Commission of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest?     Yes     No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

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Dr. Hai reports grants from Department of Science & Technology of Inner Mongolia, grants from Department of Human Resources and Social Security of Inner Mongolia, grants from State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention, grants from Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society, grants from Health Commission of Inner Mongolia, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Yueying

2. Surname (Last Name)  
Jiao

3. Date  
25-March-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Yongfang Yang

5. Manuscript Title  
Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation

6. Manuscript Identifying Number (if you know it)  
APM-20-65

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Are there any relevant conflicts of interest?  Yes  No

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Health Commission of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Huimin

2. Surname (Last Name)  
Xing

3. Date  
25-March-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Yongfang Yang

5. Manuscript Title  
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Are there any relevant conflicts of interest?  Yes  No



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### Section 1. Identifying Information

1. Given Name (First Name) Binbin      2. Surname (Last Name) Xu      3. Date 25-March-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Yongfang Yang

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Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Commission of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest?     Yes     No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Haibo

2. Surname (Last Name)  
Bai

3. Date  
25-March-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Yongfang Yang

5. Manuscript Title  
Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation

6. Manuscript Identifying Number (if you know it)  
APM-20-65

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Department of Science & Technology of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of Human Resources and Social Security of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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1. Given Name (First Name)  
Huan

2. Surname (Last Name)  
Bao

3. Date  
25-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Yongfang Yang

5. Manuscript Title

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Dr. Bao has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Shuai

2. Surname (Last Name)  
Zhang

3. Date  
25-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Yongfang Yang

5. Manuscript Title

Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation

6. Manuscript Identifying Number (if you know it)

APM-20-65

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### Section 1. Identifying Information

1. Given Name (First Name)  
Wei

2. Surname (Last Name)  
Ren

3. Date  
25-March-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Yongfang Yang

5. Manuscript Title  
Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation

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APM-20-65

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Lifang

2. Surname (Last Name)  
Yang

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25-March-2020

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Corresponding Author's Name  
Yongfang Yang

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### Section 6. Disclosure Statement

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Dr. Yang has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Huijun

2. Surname (Last Name)  
Yang

3. Date  
25-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Yongfang Yang

5. Manuscript Title

Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation

6. Manuscript Identifying Number (if you know it)

APM-20-65

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Junwei

2. Surname (Last Name)  
Tian

3. Date  
25-March-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Yongfang Yang

5. Manuscript Title  
Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation

6. Manuscript Identifying Number (if you know it)  
APM-20-65

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Meng	2. Surname (Last Name) Wang	3. Date 25-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yongfang Yang
5. Manuscript Title Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation		
6. Manuscript Identifying Number (if you know it) APM-20-65		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Dr. Wang has nothing to disclose.

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1. Given Name (First Name)  
Yongfang

2. Surname (Last Name)  
Yang

3. Date  
25-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Department of Science & Technology of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of Human Resources and Social Security of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Commission of Inner Mongolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Yang reports grants from Department of Science & Technology of Inner Mongolia, grants from Department of Human Resources and Social Security of Inner Mongolia, grants from State key laboratory for infectious disease prevention and control of Chinese Center for disease control and prevention, grants from Infection Prevention and Control Research Fund Administration Commission of China Geriatric Society, grants from Health Commission of Inner Mongolia, during the conduct of the study; .

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