ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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<td>Liu</td>
<td>25-March-2020</td>
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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?  
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Section 1. Identifying Information

1. Given Name (First Name)  
Tianhui

2. Surname (Last Name)  
Guo

3. Date  
25-March-2020

4. Are you the corresponding author?  
No

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

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   Haoxue
2. **Surname (Last Name)**
   Li
3. **Date**
   25-March-2020
4. **Are you the corresponding author?**
   - Yes
   - No
   ✔ No
   **Corresponding Author’s Name**
   Yongfang Yang
5. **Manuscript Title**
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- Yes ✔ Yes
- No

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   Yuping
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   Zhao
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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  
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4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name
Yongfang Yang

5. Manuscript Title
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   Yueying

2. **Surname (Last Name)**
   Jiao

3. **Date**
   25-March-2020

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   Yongfang Yang

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Huimin

2. Surname (Last Name)  
Xing

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25-March-2020

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Yongfang Yang

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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

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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

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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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  
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   Bao

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Corresponding Author’s Name  
Yongfang Yang

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Shuai

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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)  
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

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?  
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Are there any relevant conflicts of interest?  
Yes ☐  No ☑

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Dr. Ren 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)     Lifang
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

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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 ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Yang has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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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Dr. Yang 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)  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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<th>3. Date</th>
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<tbody>
<tr>
<td>Meng</td>
<td>Wang</td>
<td>25-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

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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Dr. Wang 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)  
   Yongfang

2. Surname (Last Name)  
   Yang

3. Date  
   25-March-2020

4. Are you the corresponding author?  
   ✔ Yes  
   □ No

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

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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.

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## 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?  
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   ✔ No
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☐ Yes  ✔ No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

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 Comission of Inner Mongolia, during the conduct of the study.

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