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.**

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

4. **Intellectual Property.**

5. **Relationships not covered above.**

Definitions.

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

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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
**Section 1. Identifying Information**

1. Given Name (First Name)  
   Weiping  

2. Surname (Last Name)  
   Liu  

3. Date  
   01-April-2020  

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No  
   Corresponding Author's Name  
   Tianhui Guo  

5. Manuscript Title  
   Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital  

6. Manuscript Identifying Number (if you know it)  
   APM-20-289  

**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.

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   Yongfang  
2. Surname (Last Name)  
   Yang  
3. Date  
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   ☑ Yes  
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4. Are you the corresponding author?  

- [ ] Yes  
- [x] No  

Corresponding Author’s Name: Tianhui Guo

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)  
Kai

2. Surname (Last Name)  
Zhang

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01-April-2020

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Tianhui Guo

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Yunting

2. Surname (Last Name)  
   Hai

3. Date  
   01-April-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Tianhui Guo

5. Manuscript Title  
   Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital

6. Manuscript Identifying Number (if you know it)  
   APM-20-289

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Are there any relevant conflicts of interest?  
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Yunting Hai
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

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2. Surname (Last Name) Li
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   - No
   ✔

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   Huimin

2. Surname (Last Name)  
   Xing

3. Date  
   01-April-2020

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

   Corresponding Author’s Name  
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Corresponding Author’s Name: Tianhui Guo

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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**
   - 01-April-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital

6. **Manuscript Identifying Number (if you know it)**
   - APM-20-289

### 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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Section 1. Identifying Information

1. Given Name (First Name)  
   Yuping

2. Surname (Last Name)  
   Zhao

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

Corresponding Author’s Name  
Tianhui Guo

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Corresponding Author’s Name
Tianhui Guo

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1. Given Name (First Name)  
Shuai

2. Surname (Last Name)  
Zhang

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01-April-2020

4. Are you the corresponding author?  
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Section 1. Identifying Information

1. Given Name (First Name)  Lifang
2. Surname (Last Name)  Yang
3. Date  01-April-2020
4. Are you the corresponding author?  □ Yes  ✔ No
   Corresponding Author’s Name  Tianhui Guo
5. Manuscript Title
   Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital
6. Manuscript Identifying Number (if you know it)  APM-20-289

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

2. Surname (Last Name)  
   Yang

3. Date  
   01-April-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Tianhui Guo

5. Manuscript Title  
   Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital

6. Manuscript Identifying Number (if you know it)  
   APM-20-289

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1. Given Name (First Name) 
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2. Surname (Last Name) 
Tian

3. Date 
01-April-2020

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

Corresponding Author’s Name
Tianhui Guo

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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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  
01-April-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Tianhui Guo

5. Manuscript Title  
Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital

6. Manuscript Identifying Number (if you know it)  
APM-20-289

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Section 1. Identifying Information

1. Given Name (First Name) 
   Tianhui

2. Surname (Last Name) 
   Guo

3. Date 
   01-April-2020

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

5. Manuscript Title 
   Ventilator-associated pneumonia bundle intervention effect evaluation in an intensive care unit in a Chinese tertiary general hospital

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Are there any relevant conflicts of interest? 
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Dr. Guo 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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