ICMJE DISCLOSURE FORM

Date: 2021. 5.30
Your Name: Zehua Duan
Manuscript Title: NETs Formation Index Predicts Occurrences of Deep Surgical Site Infection after Laparotomy
Manuscript number (if known): ATM-21-1078-R1

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|   | 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.) | Time frame: Since the initial planning of the work |
|   | National Natural                                                                                 |                                                                                  |
|   | Science Foundation                                                                               |                                                                                  |
|   | of China (Grant No. 817710532, Dr. Weiwei Ding)                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                          | Time frame: past 36 months                                                       |
|   | None                                                                                             |                                                                                  |
| 3 | Royalties or licenses                                                                             | None                                                                            |
| 4 | Consulting fees                                                                                  | None                                                                            |
|   | Description                                                                 | Response |
|---|------------------------------------------------------------------------------|----------|
| 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 | 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     |

Please summarize the above conflict of interest in the following box:

National Natural Science Foundation of China
(Grant No. 8177532, Dr. Weiwei Ding)

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

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ICMJE DISCLOSURE FORM

Date: 2021.5.5
Your Name: Shilong Sun
Manuscript Title: NETs Formation Index Predicts Occurrences of Deep Surgical Site Infection after Laparotomy
Manuscript number (if known): ATM-21-1078-R1

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|      | Time frame: Since the initial planning of the work                                             |                                                                                  |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                      | None                                                                            |
| 3    | Royalties or licenses                                                                          | None                                                                            |
| 4    | Consulting fees                                                                               | None                                                                            |
|   | Description                                                                 | None |
|---|-----------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         |      |
|   | manuscript writing or educational events                                    |      |
| 6 | Payment for expert testimony                                                 |      |
| 7 | Support for attending meetings and/or travel                                 |      |
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|   | group, paid or unpaid                                                        |      |
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|   | services                                                                     |      |
|13 | Other financial or non-financial interests                                   |      |

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ICMJE DISCLOSURE FORM

Date: 2021.06.01
Your Name: Cheng Qu
Manuscript Title: NETs Formation Index Predicts Occurrences of Deep Surgical Site Infection after Laparotomy
Manuscript number (if known): ATM-21-1078-R1

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| No time limit for this item. | |

| **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 |
|   | 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 | 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 |

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ICMJE DISCLOSURE FORM

Date: 2021-6-1
Your Name: Kai Wang
Manuscript Title: NETs Formation Index Predicts Occurrences of Deep Surgical Site Infection after Laparotomy
Manuscript number (if known): ATM-21-1078-R1

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|   | No time limit for this item.                                                                                       |                                                                                      |
|   | Time frame: past 36 months                                                                                       |                                                                                      |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                          | X None                                                                               |
| 3 | Royalties or licenses                                                                                            | X None                                                                               |
| 4 | Consulting fees                                                                                                | X None                                                                               |
|   | Description                                                                 | Answer | Notes |
|---|-----------------------------------------------------------------------------|--------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | X None |       |
|   | manuscript writing or educational events                                    |        |       |
| 6 | Payment for expert testimony                                                | X None |       |
| 7 | Support for attending meetings and/or travel                                 | X None |       |
| 8 | Patents planned, issued or pending                                          | X None |       |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X None |       |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | X None |       |
|   | group, paid or unpaid                                                        |        |       |
| 11| Stock or stock options                                                       | X None |       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | X None |       |
|   | services                                                                     |        |       |
| 13| Other financial or non-financial interests                                   | X None |       |

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National Natural Science Foundation of China (Grant No. 81770532, Dr. Weiwei Ding)

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Date: 2021-01-01
Your Name: Feng Chen
Manuscript Title: NETs Formation Index Predicts Occurrences of Deep Surgical Site Infection after Laparotomy
Manuscript number (if known): ATM-21-1078-R1

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|   | **Time frame: Since the initial planning of the work** |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None                                                                           |
| 3 | Royalties or licenses | None                                                                           |
| 4 | Consulting fees | None                                                                           |
|   | Description                                                                 | None |
|---|-----------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X    |
| 6 | Payment for expert testimony                                                 | X    |
| 7 | Support for attending meetings and/or travel                                 | X    |
| 8 | Patents planned, issued or pending                                          | X    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X    |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X    |
| 11| Stock or stock options                                                       | X    |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X    |
| 13| Other financial or non-financial interests                                   | X    |

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Date: 2021-6-1
Your Name: Xinyu Wang
Manuscript Title: NETs Formation Index Predicts Occurrences of Deep Surgical Site Infection after Laparotomy
Manuscript number (if known): ATM-21-1078-R1

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

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Date: 2021-6-1
Your Name: Chengnan Chu
Manuscript Title: NETs Formation Index Predicts Occurrences of Deep Surgical Site Infection after Laparotomy
Manuscript number (if known): ATM-21-1078-R1

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|   | **No time limit for this item.**                                                               |                                                                                  |
|   | **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     | _X_ None |
|   | bureaus, manuscript writing or educational events               |   |
| 6 | Payment for expert testimony                                   | _X_ None |
| 7 | Support for attending meetings and/or travel                    | _X_ None |
| 8 | Patents planned, issued or pending                              | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory      | _X_ None |
|   | Board                                                           |   |
| 10| Leadership or fiduciary role in other board, society, committee  | _X_ None |
|   | or advocacy group, paid or unpaid                               |   |
| 11| Stock or stock options                                         | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts   | _X_ None |
|   | or other services                                               |   |
| 13| Other financial or non-financial interests                       | _X_ None |

Please summarize the above conflict of interest in the following box:

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: **2021. 6. 1**
Your Name: **Baochen Liu**

Manuscript Title: **NETs Formation Index Predicts Occurrences of Deep Surgical Site Infection after Laparotomy**
Manuscript number (if known): **ATM-21-1078-R1**

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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 |

Time frame: Since the initial planning of the work

| **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 |
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| 6 | 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   |
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ICMJE DISCLOSURE FORM

Date: 2021.5.31
Your Name: 郑兰
Manuscript Title: NETs Formation Index Predicts Occurrences of Deep Surgical Site Infection after Laparotomy
Manuscript number (if known): ATM-21-1078-R1

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| 3 | Royalties or licenses | – None |
| 4 | Consulting fees | – None |
|   | Description                                                                                     |  |   |   |
|---|-----------------------------------------------------------------------------------------------|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | x | None |   |
| 6 | Payment for expert testimony                                                                  | x | None |   |
| 7 | Support for attending meetings and/or travel                                                  | x | None |   |
| 8 | Patents planned, issued or pending                                                             | x | None |   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                             | x | None |   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | x | None |   |
| 11| Stock or stock options                                                                        | x | None |   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services               | x | None |   |
| 13| Other financial or non-financial interests                                                     | x | None |   |

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x I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 2021.6.1
Your Name: Weiwei Ding

Manuscript Title: NETs Formation Index Predicts Occurrences of Deep Surgical Site Infection after Laparotomy
Manuscript number (if known): ATM-21-1078-R1

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|   |                                                                                       |
|---|----------------------------------------------------------------------------------------|

Time frame: past 36 months

|   |                                                                                       |
|---|----------------------------------------------------------------------------------------|
|   | Description                                                                 | Answer |
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| 7 | Support for attending meetings and/or travel                                 | X None |
| 8 | Patents planned, issued or pending                                          | X None |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy | X None |
|   | group, paid or unpaid                                                       |        |
| 11| Stock or stock options                                                       | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | X None |
|   | services                                                                     |        |
| 13| Other financial or non-financial interests                                   | X None |

Please summarize the above conflict of interest in the following box:

National Natural Science Foundation of China (Grant No. 81770532, Dr. Weiwei Ding)

Please place an “X” next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.