ICMJE DISCLOSURE FORM

Date: 18-09-2021
Your Name: Bin Li

Manuscript Title: Analysis of the reasons for screening failure in phase I clinical trials in China: A retrospective study of the clinical trials screening process
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   |                                                                                               |                                                                                  |
| Time frame: Since the initial planning of the work |
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. |  √ None                                                                          |
|   |                                                                                               |                                                                                  |
| 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                                                                          |
| No. | Description                                                                 | Statement | None |
|-----|-------------------------------------------------------------------------------|-----------|------|
| 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:

None

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.
ICMJE DISCLOSURE FORM

Date: 18-09-2021

Your Name: Qian Zhang

Manuscript Title: Analysis of the reasons for screening failure in phase I clinical trials in China: A retrospective study of the clinical trials screening process

Manuscript number (if known):

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| 3 | Royalties or licenses | √ None |
| 4 | Consulting fees | √ None |
|   |                                                                                           |    |
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ICMJE DISCLOSURE FORM

Date: 18-09-2021
Your Name: Yuanyuan Liu

Manuscript Title: Analysis of the reasons for screening failure in phase I clinical trials in China: A retrospective study of the clinical trials screening process
Manuscript number (if known):

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| 4 | Consulting fees | √ None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
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ICMJE DISCLOSURE FORM

Date: 18-09-2021
Your Name: Xiaolei Zhang
Manuscript Title: Analysis of the reasons for screening failure in phase I clinical trials in China: A retrospective study of the clinical trials screening process
Manuscript number (if known):

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| | | |
| 3 | Royalties or licenses | √ None |
| | | |
| 4 | Consulting fees | √ None |
|   |                                                                                       |   |
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| 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 |
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| 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: 18-09-2021
Your Name: Dongmei Cheng
Manuscript Title: Analysis of the reasons for screening failure in phase I clinical trials in China: A retrospective study of the clinical trials screening process
Manuscript number (if known):

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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: past 36 months**                                                                 |                                                                                  |
|   | Description                                                                 | Answer | Notes |
|---|------------------------------------------------------------------------------|--------|-------|
| 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 |       |

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Date: 19-09-2021
Your Name: Aolin Li

Manuscript Title: Analysis of the reasons for screening failure in phase I clinical trials in China: A retrospective study of the clinical trials screening process
Manuscript number (if known):

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| 3 | Royalties or licenses | √ None |
| 4 | Consulting fees | √ None |
|   | Description                                                                 | Status     |
|---|------------------------------------------------------------------------------|------------|
| 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       |
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|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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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.
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Date: 19-09-2021
Your Name: Yubing Chen
Manuscript Title: Analysis of the reasons for screening failure in phase I clinical trials in China: A retrospective study of the clinical trials screening process
Manuscript number (if known): 

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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 |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
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| 6 | Payment for expert testimony                                                  | None   |
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| 8 | Patents planned, issued or pending                                           | None   |
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| 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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Date: 19-09-2021

Your Name: Xingyu Zhu

Manuscript Title: Analysis of the reasons for screening failure in phase I clinical trials in China: A retrospective study of the clinical trials screening process

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|   | ![Table continues](image-url)                                                                    |                                                                                 |
|   | **Time frame: past 36 months**                                                                   |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | □ _None_                                                                         |
|   | ![Table continues](image-url)                                                                    |                                                                                 |
| 3 | Royalties or licenses                                                                             | □ _None_                                                                         |
|   | ![Table continues](image-url)                                                                    |                                                                                 |
| 4 | Consulting fees                                                                                  | □ _None_                                                                         |
|   | ![Table continues](image-url)                                                                    |                                                                                 |
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| 13| Other financial or non-financial interests                    | √    |

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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: 19-09-2021
Your Name: Yue Su

Manuscript Title: Analysis of the reasons for screening failure in phase I clinical trials in China: A retrospective study of the clinical trials screening process

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| 3 | Royalties or licenses | √ None |
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Date: 21-09-2021
Your Name: Huan Zhou
Manuscript Title: Analysis of the reasons for screening failure in phase I clinical trials in China: A retrospective study of the clinical trials screening process
Manuscript number (if known): 

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|   | 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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