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.

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4. **Intellectual Property.**

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

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- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  Yangxi
2. Surname (Last Name)  Liu
3. Date  29-September-2020
4. Are you the corresponding author?  Yes  No  ✔

5. Manuscript Title
Efficacy and safety of tigecycline for complicated urinary tract infection: A systematic review

6. Manuscript Identifying Number (if you know it)
TAU-20-959

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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  ✔

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Section 6. Disclosure Statement

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Dr. Liu has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Kejia

2. Surname (Last Name)  
   Le

3. Date  
   29-September-2020

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

   Corresponding Author’s Name  
   Han Zhong, Yuetian Yu, Zhichun Gu

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Are there any relevant conflicts of interest?  
[ ] Yes  
✔ No

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Dr. Le 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)**  
   Hongyao

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

3. **Date**  
   29-September-2020

4. **Are you the corresponding author?**  
   ✔ No

---

**Corresponding Author's Name**  
Han Zhong, Yuetian Yu, Zhichun Gu

5. **Manuscript Title**  
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6. **Manuscript Identifying Number (if you know it)**  
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## Section 2. The Work Under Consideration for Publication

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

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

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Dr. Shi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Zaili

2. Surname (Last Name)  
   Zhang

3. Date  
   29-September-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Han Zhong, Yuetian Yu, Zhichun Gu

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Dr. Zhang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Min
2. Surname (Last Name)  Cui
3. Date  29-September-2020
4. Are you the corresponding author?  ☑ No

Corresponding Author's Name  Han Zhong, Yuetian Yu, Zhichun Gu

5. Manuscript Title  Efficacy and safety of tigecycline for complicated urinary tract infection: A systematic review

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Dr. Cui has nothing to disclose.

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5. Relationships not covered above.

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- **Royalties**: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  Han
2. Surname (Last Name)  Zhong
3. Date  29-September-2020
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
   Efficacy and safety of tigecycline for complicated urinary tract infection: A systematic review

6. Manuscript Identifying Number (if you know it)
   TAU-20-959

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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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

Section 4. Intellectual Property -- Patents & Copyrights

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

Dr. Zhong has nothing to disclose.

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1. **Identifying information.**

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

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Section 1. Identifying Information

1. Given Name (First Name)  
Yuetian

2. Surname (Last Name)  
Yu

3. Date  
29-September-2020

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

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name) Zhichun
2. Surname (Last Name) Gu
3. Date 29-September-2020
4. Are you the corresponding author? Yes ✔ No

5. Manuscript Title
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