ICMJE DISCLOSURE FORM

Date: __2022-01-18__
Your Name: __Jun Gao__

Manuscript Title: __The relationship between soluble CD73 and the incidence of septic shock in severe sepsis patients: a cross-sectional analysis of data from a prospective FINNAKI study__

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.

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _√_ None |
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Time frame: Since the initial planning of the work

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Time frame: past 36 months
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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 |
| 13| Other financial or non-financial interests                                                        | _✓_ None |

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

Dr. Gao has nothing to disclose.

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

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Date: __2022-01-18__

Your Name: __Shanglin Chen__

Manuscript Title: __The relationship between soluble CD73 and the incidence of septic shock in severe sepsis patients: a cross-sectional analysis of data from a prospective FINNAKI study__

Manuscript number (if known): ______________________________________________________________________

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Date: __2022-01-18__

Your Name: __Tianyu Kong__

Manuscript Title: __The relationship between soluble CD73 and the incidence of septic shock in severe sepsis patients: a cross-sectional analysis of data from a prospective FINNAKI study__

Manuscript number (if known): _______________________________________________________________________

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Date: __2022-01-18__
Your Name: __Deliang Wen__
Manuscript Title: __The relationship between soluble CD73 and the incidence of septic shock in severe sepsis patients: a cross-sectional analysis of data from a prospective FINNAKI study__
Manuscript number (if known): ____________________________________________________________________________

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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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Dr. Wen has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: __2022-01-18__

Your Name: __Qilin Yang__

Manuscript Title: __The relationship between soluble CD73 and the incidence of septic shock in severe sepsis patients: a cross-sectional analysis of data from a prospective FINNAKI study__

Manuscript number (if known):  

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| 3 | Royalties or licenses                                                                      | __v__ None |
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**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
|   |   |
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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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