

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ February 21th, 2024 \_\_\_\_\_

Your Name: \_\_\_\_\_ Sishi Cai \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Accurate etiological diagnosis of *Mycoplasma hominis* mediastinitis in immunocompetent patients using metagenomic next-generation sequencing \_\_\_\_\_

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.

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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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | __X__ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | __X__ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | __X__ None   |   |
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| 4   | Consulting fees  | __X__ None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |

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None

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

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ February 21th, 2024 \_\_\_\_\_

Your Name: \_\_\_\_\_ Jue Pan \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Accurate etiological diagnosis of *Mycoplasma hominis* mediastinitis in immunocompetent patients using metagenomic next-generation sequencing \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ February 21th, 2024 \_\_\_\_\_

Your Name: \_\_\_\_\_ Suzhen Wang \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Accurate etiological diagnosis of *Mycoplasma hominis* mediastinitis in immunocompetent patients using metagenomic next-generation sequencing \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ February 21th, 2024 \_\_\_\_\_

Your Name: \_\_\_\_\_ Rong Bao \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Accurate etiological diagnosis of *Mycoplasma hominis* mediastinitis in immunocompetent patients using metagenomic next-generation sequencing \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ February 21th, 2024 \_\_\_\_\_

Your Name: \_\_\_\_\_ Chunmei Zhou \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Accurate etiological diagnosis of *Mycoplasma hominis* mediastinitis in immunocompetent patients using metagenomic next-generation sequencing \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ February 21th, 2024 \_\_\_\_\_

Your Name: \_\_\_\_\_ Xiaodong Gao \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Accurate etiological diagnosis of Mycoplasma hominis mediastinitis in immunocompetent patients using metagenomic next-generation sequencing \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: February 21th, 2024

Your Name: Haruhiko Shiiya

Manuscript Title: Accurate etiological diagnosis of Mycoplasma hominis mediastinitis in immunocompetent patients using metagenomic next-generation sequencing

Manuscript number (if known):

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Date: \_\_\_\_\_ February 21th, 2024 \_\_\_\_\_

Your Name: \_\_\_\_\_ Bijie Hu \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Accurate etiological diagnosis of *Mycoplasma hominis* mediastinitis in immunocompetent patients using metagenomic next-generation sequencing \_\_\_\_\_

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