

## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Feng Ye

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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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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)
<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.) <b>No time limit for this item.</b>	<u>    </u> None	
		National Natural Science Foundation of China (82270007, 82202544), the Natural Science Foundation of Guangdong Province (8227010505) and Horizontal Project (75772451)	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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	

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

**Without COI:**  
**None.**

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

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: 2024-4-15  
 Your Name: Shaoxi Cai  
 Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)  
 Manuscript number (if known): JTD-24-13-R1

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Date: 2024-4-15  
 Your Name: Linling Cheng  
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Date: 2024-4-15  
 Your Name: Yi Huang  
 Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)  
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Date: 2024-4-15  
 Your Name: Shanping Jiang  
 Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)  
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Date: 2024-4-15  
 Your Name: Guoxiang Lai  
 Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)  
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**None.**

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

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: 2024-4-15

Your Name: Xin Su

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15  
 Your Name: Kejing Tang  
 Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)  
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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Hongmin Wang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

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Date: 2024-4-15

Your Name: Lingwei Wang

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Date: 2024-4-15

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Date: 2024-4-15

Your Name: Jianguan Zhang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15  
 Your Name: Tiantuo Zhang  
 Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)  
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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Wei Zhang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

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

**Without COI:**  
**None.**

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

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: 2024-4-15

Your Name: Yunhui Zhang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Hua Zhou

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Jianda Hu

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Xiaojun Huang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Erlie Jiang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Qifa Liu

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Jingbo Wang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Depei Wu

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Xi Zhang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Yan Kang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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<b>Time frame: past 36 months</b>			
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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
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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	

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

**Without COI:**  
**None.**

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

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: 2024-4-15

Your Name: Haibo Qiu

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Bing Gu

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Baoqing Sun

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Yingchun Xu

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Cunwei Cao

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Ruoyu Li

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Weihua Pan

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Chao Zhuo

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Liping Zhu

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Haihui Huang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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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	

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

**Without COI:**  
**None.**

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

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: 2024-4-15

Your Name: Rongsheng Tong

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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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<b>Time frame: Since the initial planning of the work</b>			
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**None.**

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Jing Zhang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Mei Jiang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Jieming Qu

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15  
 Your Name: Nanshan Zhong  
 Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)  
 Manuscript number (if known): JTD-24-13-R1

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**None.**

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15  
 Your Name: Wanqing Liao  
 Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)  
 Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Wenjie Fang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Shaoqiang Li

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Zhengtu Li

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Ye Qiu

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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

**Without COI:**  
**None.**

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

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: 2024-4-15

Your Name: Yan Wang

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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)
<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.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5		<input checked="" type="checkbox"/> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
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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**Without COI:**  
**None.**

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Yangqing Zhan

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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## ICMJE DISCLOSURE FORM

Date: 2024-4-15

Your Name: Jingnan Zhai

Manuscript Title: Consensus for antifungal stewardship in China (2024 Edition)

Manuscript number (if known): JTD-24-13-R1

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