**ICMJE DISCLOSURE FORM**

**Date:** _______________2021-10-22______________________________________

**Your Name:** ___________Wenping Zhang____________________________________

**Manuscript Title:** The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis.

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

Dr. Zhang declared that there is no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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: 2021-10-22
Your Name: Zhongming Zhang

Manuscript Title: The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis
Manuscript number (if known): ________________________________

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### Conflict of Interest Declaration

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#### Summary of Conflicts of Interest

Dr Zhang declared that there is no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### Agreement

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: __________ 2021-10-22 __________________________________________________________________________
Your Name: _______Shiyao Pan______________________________________________________________
Manuscript Title: _The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis_.
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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Please summarize the above conflict of interest in the following box:

Shiyao Pan is from Shenzhen Mindray Bio-Medical Electronic Co., Ltd., Shenzhen, China

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: ___________ 2021-10-22 _____________________________
Your Name: ______ Jin Li ________________________________
Manuscript Title: The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis
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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6. Payment for expert testimony: None

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Jin Li is from Shenzhen Mindray Bio-Medical Electronic Co., Ltd., Shenzhen, China

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Date:__________2021-10-22________________________________________
Your Name:____Yanmei Yang____________________________________
Manuscript Title: The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis
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Dr Yang declared that there is no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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

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ICMJE DISCLOSURE FORM

Date: ___________ 2021-10-22 ________________________________
Your Name: _______ Huan Qi ________________________________
Manuscript Title: __The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis__
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Huan Qi is from Shenzhen Mindray Bio-Medical Electronic Co., Ltd., Shenzhen, China

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ICMJE DISCLOSURE FORM

Date:__________2021-10-22_________________________________________
Your Name:______Jiabin Xie____________________________________
Manuscript Title:__The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis__
Manuscript number (if known):___________________________________________

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ICMJE DISCLOSURE FORM

Date: 2021-10-22

Your Name: Jiuxin Qu

Manuscript Title: The clinical value of hematological neutrophil and monocyte parameters in the diagnosis and identification of sepsis.

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