

ICMJE DISCLOSURE FORM

Date: _____ Jun.5th,2023 _____
 Your Name: _____ Yongzhou Liang _____
 Manuscript Title: _ A nomogram to predict 28-day mortality in neonates with sepsis: A retrospective study based on the MIMIC-III database _____
 Manuscript number (if known): ___ TP-23-150-CL _____

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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	The National Natural Science Foundation of China	The payments were made to our institution
		The Shanghai Municipal Health Commission	The payments were made to our institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None

4	Consulting fees	None	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	None
6	Payment for expert testimony	None	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

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

The authors declare that the study was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. This work was supported in part by grants from the National Natural Science Foundation of China (NSFC Project Numbers: 82171948), and the Shanghai Municipal Health Commission Scientific Research Project (Project Number 20214Y0126). The sponsors of this study had no role in study design, data collection, data analysis, data interpretation, or writing of the report.

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Date: _____ Jun.5th,2023 _____
 Your Name: _____ Liqing Zhao _____
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