

## ICMJE DISCLOSURE FORM

Date: Aug,20<sup>th</sup>,2023  
 Your Name: Xiaofang Huang  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
 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)
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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>   X   </u> None	
4	Consulting fees	<u>   X   </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None.

**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: Aug,20<sup>th</sup>,2023  
 Your Name: Shuaijun Li  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
 Manuscript number (if known): \_\_\_\_\_

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Date: Aug,20<sup>th</sup>,2023  
 Your Name: Feng Qi  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
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Date: Aug,20<sup>th</sup>,2023  
 Your Name: Xiuying Tian  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
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Date: Aug,20<sup>th</sup>,2023  
 Your Name: Yanan Jiang  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
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 Your Name: Bo Tian  
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Date: Aug,20<sup>th</sup>,2023  
 Your Name: Shufen Zhai  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
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 Your Name: Wei Guo  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
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Date: Aug,20<sup>th</sup>,2023  
 Your Name:  Haiying He  
 Manuscript Title:  A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
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 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
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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: 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	<u>   X   </u> None	
4	Consulting fees	<u>   X   </u> None	

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

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

None.

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: Aug,20<sup>th</sup>,2023  
 Your Name: Li Ma  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Aug,20<sup>th</sup>,2023  
 Your Name: Rongxiu Zheng  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Aug,20<sup>th</sup>,2023  
 Your Name: Shasha Fan  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Aug,20<sup>th</sup>,2023  
 Your Name: Hongyun Wang  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Aug,20<sup>th</sup>,2023  
 Your Name: Lu Chen  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
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## ICMJE DISCLOSURE FORM

Date: Aug,20<sup>th</sup>,2023  
 Your Name: Hua Mei  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
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## ICMJE DISCLOSURE FORM

Date: Aug,20<sup>th</sup>,2023  
 Your Name: Hua Xie  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
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## ICMJE DISCLOSURE FORM

Date: Aug,20<sup>th</sup>,2023  
 Your Name: Xiaoxiang Li  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
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## ICMJE DISCLOSURE FORM

Date: Aug,20<sup>th</sup>,2023  
 Your Name: Ming Yang  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
 Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: Since the initial planning of the work</b>			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>   X   </u> None	
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4	Consulting fees	<u>   X   </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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None.

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: Aug,20<sup>th</sup>,2023  
 Your Name: Liang Zhang  
 Manuscript Title: A Nomogram for Predicting Death for Infants Born at a Gestational Age of <28 Weeks: A Population-based Analysis in 18 Neonatal Intensive Care Units in Northern China  
 Manuscript number (if known): \_\_\_\_\_

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