

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zhenyu	2. Surname (Last Name) Li	3. Date 28-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hui Wu
5. Manuscript Title Thinking about the neonates born to mothers with COVID-19		
6. Manuscript Identifying Number (if you know it) TP-20-97-R1		

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Dr. Li has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)

Dan

2. Surname (Last Name)

Dang

3. Date

28-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Hui Wu

5. Manuscript Title

Thinking about the neonates born to mothers with COVID-19

6. Manuscript Identifying Number (if you know it)

TP-20-97-R1

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