

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Xiao-juan

2. Surname (Last Name)
TANG

3. Date
27-September-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Xing FENG

5. Manuscript Title
Changing trends in the bacteriological profiles and antibiotic susceptibility in neonatal sepsis at a tertiary children's hospital of China

6. Manuscript Identifying Number (if you know it)

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Dr. TANG has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bin	2. Surname (Last Name) SUN	3. Date 27-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xing FENG
5. Manuscript Title Changing trends in the bacteriological profiles and antibiotic susceptibility in neonatal sepsis at a tertiary children's hospital of China		
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1. Given Name (First Name)

Xin

2. Surname (Last Name)

DING

3. Date

27-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Xing FENG

5. Manuscript Title

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FENG

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☒ Yes ☐ No

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TP-20-115

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