

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Wan-Ju

2. Surname (Last Name)

Tsai

3. Date

09-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Lai-shuan Wang

5. Manuscript Title

Derivation and validation of a prediction model for neonate unplanned rehospitalization in a tertiary center in China

6. Manuscript Identifying Number (if you know it)

TP-20-184-R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Tsai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Tian-yang

2. Surname (Last Name)

Qian

3. Date

09-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Lai-shuan Wang

5. Manuscript Title

Derivation and validation of a prediction model for neonate unplanned rehospitalization in a tertiary center in China

6. Manuscript Identifying Number (if you know it)

TP-20-184-R1

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Dr. Qian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Chun-mei	2. Surname (Last Name) Lu	3. Date 09-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lai-shuan Wang
5. Manuscript Title Derivation and validation of a prediction model for neonate unplanned rehospitalization in a tertiary center in China		
6. Manuscript Identifying Number (if you know it) TP-20-184-R1		

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Qing

2. Surname (Last Name)
Liu

3. Date
09-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Lai-shuan Wang

5. Manuscript Title

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Lai-shuan

2. Surname (Last Name)

Wang

3. Date

09-November-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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