

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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patent

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Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Yihuabg		2. Surname (Last Name) Huang	3. Date 28-January-2021	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Yun Cao, Siyuan Jiang	
5. Manuscript Title Neonatal outcon units		nal age infants born at 26-3	33 weeks' gestation in Chinese neonatal intensive care	
6. Manuscript Ider TP-20-339	ntifying Number (if you kn	ow it)		
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No				



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Dr. Huang has nothing to disclose.

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1. Given Name (First Lan	t Name)	2. Surname (Last Name) Zhang	3. Date 27-January-2021	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Yun Cao, Siyuan Jiang	
5. Manuscript Title Neonatal outcome units	e of small for gestatior	nal age infants born at 20	6-33 weeks' gestation in Chinese neonatal intensive care	
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1. Given Name (First Name) Huiqing		2. Surname (Last Name) Sun	3. Date 27-January-2021	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Yun Cao, Siyuan Jiang	
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Dr. Lee has nothing to disclose.

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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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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.



Section 1. Identifying Inform	ation			
Identifying morm				
1. Given Name (First Name) Yun	2. Surname (Last Name) Cao	3. Date 28-January-2021		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Neonatal outcome of small for gestatior units	nal age infants born at 26-33 weeks' gestation in Chii	nese neonatal intensive care		
6. Manuscript Identifying Number (if you kn TP-20-339	ow it)			
Section 2. The Work Under Co	onsideration for Publication			
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Section 3. Relevant financial	activities outside the submitted work.			
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Section 4. Intellectual Proper	ty Patents & Copyrights			
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	? Yes 🖌 No		



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Section 1. Identifying Inform	otion			
Identifying Inform	ation			
1. Given Name (First Name) Siyuan	2. Surname (Last Name) Jiang	3. Date 28-January-2021		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Neonatal outcome of small for gestation units	nal age infants born at 26-33 weeks' gestation in Chi	nese neonatal intensive care		
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