Date:June 15,	. 2021			
Your Name:	Jing Li			
Manuscript Title	Data Governance System of the National Clinical Research Center for Child Health in 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_ <u>X</u> _None	
4	Consulting fees	<u>X</u> _None	
5		_ <b>X</b> _None	

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	<b>X</b> _None		
	testimony			
7	Support for attending meetings and/or travel	_ <b>X</b> _None		
8	Patents planned, issued or	_ <b>X</b> _None		
	pending			
9	Participation on a Data	_ <b>X</b> _None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_ <b>X</b> _None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	V 11		
11	Stock of Stock options	_X _None		
12	Receipt of equipment,	_ X _None		
	materials, drugs, medical	X_IVUITE		
	writing, gifts or other			
	services			
13	Other financial or non-	_ <b>X</b> _None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

I have no conflicts of interest to declare.		

Date	e:June 15, 2021		
You	r Name: Gang Yu		
Mar	nuscript Title: <u>Data Govern</u>	ance System of the Natio	nal Clinical Research Center for Child Health in China
Mar	nuscript number (if known):		
rela part to ti	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment lf you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to ti med In it	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other items
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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)
		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	<b>X</b> _None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	<b>X</b> _None	
4	Consulting fees	_X _None	

X \_None

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	<b>X</b> _None		
	testimony			
7	Support for attending meetings and/or travel	_ <b>X</b> _None		
8	Patents planned, issued or	_ <b>X</b> _None		
	pending			
9	Participation on a Data	_ <b>X</b> _None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_ <b>X</b> _None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	V 11		
11	Stock of Stock options	_X _None		
12	Receipt of equipment,	_ X _None		
	materials, drugs, medical	X_IVUITE		
	writing, gifts or other			
	services			
13	Other financial or non-	_ <b>X</b> _None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

I have no conflicts of interest to declare.		

Date	e:June 15, 2021		
Your	Name:Wen Ding _		
Man	uscript Title:_ Data Govern	ance System of the Nation	al Clinical Research Center for Child Health in China
Man	uscript number (if known):		
relate to trelate	ted to the content of your miles whose interests may be ansparency and does not not ionship/activity/interest, it following questions apply to	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.  s/activities/interests as they relate to the current
<u>man</u>	uscript only.		
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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
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		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_ <b>X</b> _None	

X \_None

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	<b>X</b> _None		
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7	Support for attending meetings and/or travel	_ <b>X</b> _None		
8	Patents planned, issued or	_ <b>X</b> _None		
	pending			
9	Participation on a Data	_ <b>X</b> _None		
	Safety Monitoring Board or			
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10	Leadership or fiduciary role	_ <b>X</b> _None		
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11	group, paid or unpaid Stock or stock options	V 11		
11	Stock of Stock options	_X _None		
12	Receipt of equipment,	_ X _None		
	materials, drugs, medical	X_IVUITE		
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	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

I have no conflicts of interest to declare.		

Date	e:June 15, 2021		
You	r Name: Jian Huang	·	
Mar	uscript Title:_ Data Govern	ance System of the Nation	al Clinical Research Center for Child Health in China
Mar	nuscript number (if known):		
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		Name all entities with	Specifications/Comments
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		relationship or indicate	institution)
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		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	_ <b>X</b> _None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	30 months
_	any entity (if not indicated	X_None	
	in item #1 above).		
3	Royalties or licenses	<b>X</b> None	
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4	Consulting fees	_ <b>X</b> _None	

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	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	<b>X</b> _None		
	testimony			
7	Support for attending meetings and/or travel	_ <b>X</b> _None		
8	Patents planned, issued or	_ <b>X</b> _None		
	pending			
9	Participation on a Data	_ <b>X</b> _None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_ <b>X</b> _None		
	in other board, society,			
	committee or advocacy			
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11	Stock of Stock options	_X _None		
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	materials, drugs, medical	X_IVUITE		
	writing, gifts or other			
	services			
13	Other financial or non-	_ <b>X</b> _None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

I have no conflicts of interest to declare.		

Date	e:June 15, 2021		
Your	Name: Zheming L	i	
	uscript Title:Data Govern uscript number (if known):		al Clinical Research Center for Child Health in China
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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)
		Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	X_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastX_None	36 months
3	Royalties or licenses	_X_None	
4	Consulting fees	_ <b>X</b> _None	

X \_None

	Payment or honoraria for				
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	<b>X</b> _None			
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7	Support for attending meetings and/or travel	_ <b>X</b> _None			
8	Patents planned, issued or	_ <b>X</b> _None			
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9	Participation on a Data	_ <b>X</b> _None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_ <b>X</b> _None			
	in other board, society,				
	committee or advocacy				
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11	Stock of Stock options	_X _None			
12	Receipt of equipment,	_ X _None			
	materials, drugs, medical	X_IVUITE			
	writing, gifts or other				
	services				
13	Other financial or non-	_ <b>X</b> _None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

I have no conflicts of interest to declare.		

Date	e: June 15, 2021		
You	r Name: Zhu Zhu _		
Mar	nuscript Title: <u>Data Govern</u>	ance System of the Nation	nal Clinical Research Center for Child Health in China
Mar	nuscript number (if known):		
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		Name all entities with	Specifications/Comments
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<b>X</b> _None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_ X _None	

X \_None

	Payment or honoraria for				
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	<b>X</b> _None			
	testimony				
7	Support for attending meetings and/or travel	_ <b>X</b> _None			
8	Patents planned, issued or	_ <b>X</b> _None			
	pending				
9	Participation on a Data	_ <b>X</b> _None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_ <b>X</b> _None			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	V 11			
11	Stock of Stock options	_X _None			
12	Receipt of equipment,	_ X _None			
	materials, drugs, medical	X_IVUITE			
	writing, gifts or other				
	services				
13	Other financial or non-	_ <b>X</b> _None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

I have no conflicts of interest to declare.		

Date	e:June 15, 2021		
You	r Name: Dejian Wai	ng	
	uscript Title: <u>Data Govern</u> uscript number (if known):		al Clinical Research Center for Child Health in China
relat part to tr relat	ted to the content of your miles whose interests may be ansparency and does not not interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are not any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.  s/activities/interests as they relate to the current
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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)
		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_ X _None	

X \_None

	Payment or honoraria for				
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	<b>X</b> _None			
	testimony				
7	Support for attending meetings and/or travel	_ <b>X</b> _None			
8	Patents planned, issued or	_ <b>X</b> _None			
	pending				
9	Participation on a Data	_ <b>X</b> _None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_ <b>X</b> _None			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	V 11			
11	Stock of Stock options	_X _None			
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	materials, drugs, medical	X_IVUITE			
	writing, gifts or other				
	services				
13	Other financial or non-	_ <b>X</b> _None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

I have no conflicts of interest to declare.		

Dat	<b>e:</b> June 15, 2021		
	r Name: Jie Zhang _		
Ma	nuscript Title: <u>Data Govern</u>	ance System of the Nation	al Clinical Research Center for Child Health in China
Ma	nuscript number (if known):		
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	em #1 below, report all sup time frame for disclosure is	•	l in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	il planning of the work
1	All support for the present	_ <u>X</u> _None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	: 36 months
2	Grants or contracts from	_ <b>X</b> _None	
	any entity (if not indicated	_	
	in item #1 above).		
3	Royalties or licenses	_ <b>X</b> _None	
	o hi c		
4	Consulting fees	_ <u>X</u> _None	

**X**\_None

	Payment or honoraria for				
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	<b>X</b> _None			
	testimony				
7	Support for attending meetings and/or travel	_ <b>X</b> _None			
8	Patents planned, issued or	_ <b>X</b> _None			
	pending				
9	Participation on a Data	_ <b>X</b> _None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_ <b>X</b> _None			
	in other board, society,				
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11	Stock of Stock options	_X _None			
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	materials, drugs, medical	X_IVUITE			
	writing, gifts or other				
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13	Other financial or non-	_ <b>X</b> _None			
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Date	e:June 15, 2021		
Your	Name: Jing Wang		
Man	uscript Title:_ Data Govern	ance System of the Natior	nal Clinical Research Center for Child Health in China
Man	uscript number (if known):		
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	following questions apply t uscript only.	o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_X_None	
		Time frame, nee	4.26 months
2	Grants or contracts from	Time frame: pas X None	t 56 months
	any entity (if not indicated in item #1 above).	Notic	
3	Royalties or licenses	<u>X</u> _None	
4	Consulting fees	<b>X</b> _None	

X \_None

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_ <b>X</b> _None		
	testimony			
7	Support for attending meetings and/or travel	_X_None		
8	Patents planned, issued or	_ <b>X</b> _None		
	pending			
9	Participation on a Data	_ <b>X</b> _None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_ <b>X</b> _None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options			
11	Stock of Stock options	_X _None		
12	Receipt of equipment,	_ <b>X</b> _None		
	materials, drugs, medical	_ <u>X</u> _None		
	writing, gifts or other			
	services			
13	Other financial or non-	_ <b>X</b> _None		
	financial interests			
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Date	e:June 15, 2021		
Your	· Name: Jianwei Yir	1	
Man	uscript Title: Data Govern	ance System of the Nation	nal Clinical Research Center for Child Health in China
Man	uscript number (if known):		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_ <b>X</b> _None	

**X**\_None

	Payment or honoraria for			
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	testimony			
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	Safety Monitoring Board or			
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	in other board, society,			
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11	group, paid or unpaid Stock or stock options			
11	Stock of Stock options	_X _None		
12	Receipt of equipment,	_ <b>X</b> _None		
	materials, drugs, medical	_ <u>X</u> _None		
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13	Other financial or non-	_ <b>X</b> _None		
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