Date:2022-1-20			
Your Name:Hua Liu			
Manuscript Title:Safety and efficacy of probiotics in the prevention and treatment of necrotizing			
enterocolitis in premature and/or low-birthweight infants: a systematic review and meta-analysis			
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 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.

		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 initial	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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for lectures, presentations,	None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
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	None.			

Date:2022-1-20			
Your Name:Bin Wang			
Manuscript Title:Safety and efficacy of probiotics in the prevention and treatment of necrotizing			
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Manuscript number (if known):			

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	writing, gifts or other			
	services			
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	None.			

Date:2022-1-20
Your Name:Tiantian Lu
Manuscript Title: Safety and efficacy of probiotics in the prevention and treatment of necrotizing
enterocolitis in premature and/or low-birthweight infants: a systematic review and meta-analysis
Manuscript number (if known):

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13	Other financial or non-	None		
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Date:2022-1-20
Your Name:Yuying Pei
Manuscript Title:Safety and efficacy of probiotics in the prevention and treatment of necrotizing
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