Date: _2022-05-06
Your Name:Xiangyan Liang
Manuscript Title: Effect of family integrated care on physical growth and language development of preterm infants: a
retrospective study
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.

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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 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
4.0			
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	XNone	
Ple	Please summarize the above conflict of interest in the following box:		
	The author has no conflicts of interest to declare.		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_ <u>2022-05-06</u>	_
Your Name:Aimei Miao	
Manuscript Title: Effect of family integrated care on physical growth and language development of preterm in	ոfants։ a
retrospective study	
Manuscript number (if known):	

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	lectures, presentations,	XNone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert testimony	XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel	XNone			
	,				
8	Patents planned, issued or	XNone			
	pending				
_					
9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical writing, gifts or other services				
13	Other financial or non-	X None			
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Date:_ <u>2022-05-06</u>	_
Your Name:Wei Zhang	
Manuscript Title: Effect of family integrated care on physical growth and language development of preterm	infants: a
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Manuscript number (if known):	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Consent for attending	V. None	
/	Support for attending meetings and/or travel	XNone	
	Ç ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	^_NOTIE	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
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Date:_2022-05-06
Your Name:Min Li
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5 Payment or honoraria for lectures, presentations,	XNone				
speakers bureaus,					
manuscript writing or					
educational events					
6 Payment for expert	XNone				
testimony					
7 Support for attending meetings and/or travel	XNone				
meetings and/or traver					
8 Patents planned, issued or	XNone				
pending					
9 Participation on a Data	XNone				
Safety Monitoring Board or					
Advisory Board					
10 Leadership or fiduciary role	XNone				
in other board, society,					
committee or advocacy					
group, paid or unpaid					
11 Stock or stock options	XNone				
12 Receipt of equipment,	XNone				
materials, drugs, medical					
writing, gifts or other services					
13 Other financial or non-	X None				
financial interests					
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	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	XNone				
4	Consulting fees	XNone				

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5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events				
6	. ,	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	X None			
	in other board, society,				
	committee or advocacy				
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11	Stock or stock options	X None			
12	Receipt of equipment,	X None			
	materials, drugs, medical				
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	services				
13	Other financial or non-	X None			
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I					

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