## ICMJE DISCLOSURE FORM

Date:	Dec.8 <sup>th</sup> , 2022			
Your Nam	ne: Zhenjia	ang Chen		
Manuscri	pt Title:	Addition	of platelet-lymphocyte ratio to risk factors to improve the early prediction of acut	
kidney injury and mortality in critically ill neonates				
Manuscri	pt number (if	known):	APM-22-1075	

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)	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	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	30 months
	any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	
		·	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
c	educational events	V. None			
6	Payment for expert testimony	XNone			
	testimony				
7	Support for attending	XNone			
•	meetings and/or travel				
	<b>3</b>				
8	Patents planned, issued or	X None			
	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	X None			
	Stock of Stock options				
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	XNone			
	illianciai interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

Date:	Dec.8 <sup>tl</sup>	<sup>h</sup> , 2022	
Your I	Name:	Xiaomei Dai	
Manu	script Title	Addition	of platelet-lymphocyte ratio to risk factors to improve the early prediction of acute
<u>kidne</u>	y injury and	d mortality in cri	tically ill neonates
Manu	script num	ber (if known): _	APM-22-1075

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	_	Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	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	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
c	educational events	V. None			
6	Payment for expert testimony	XNone			
	testimony				
7	Support for attending	XNone			
,	meetings and/or travel				
	<b>3</b>				
8	Patents planned, issued or	X None			
	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	X None			
	Stock of Stock options				
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	XNone			
	illianciai interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				

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## ICMJE DISCLOSURE FORM

Date: <u>Dec.8<sup>th</sup>, 20</u> 2	22		
Your Name: Yanh	ong Li		
Manuscript Title:	Addition of platele	t-lymphocyte ratio to risk factors	to improve the early prediction of acute
kidney injury and mo	rtality in critically ill ne	eonates	
Manuscript number (	if known):	APM-22-1075	
	· -		

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		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)
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.	This work was supported by grants from the National Natural Science Foundation of China (81971432), Jiangsu Province Science and Technology Support Program (BE2020660). The funders had no role in study design, data collection, preparation of the manuscript, and decision to publish.  Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	30 months
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Nava	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	^None	
	<b>3</b> ,		
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	
	financial interests		

Please summarize the above conflict of interest in the following box:

This work was supported by grants from the National Natural Science Foundation of China (81971432), Jiangsu Province Science and Technology Support Program (BE2020660). The funders had no role in study design, data collection, preparation of the manuscript, and decision to publish.

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