

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Xiaohui

2. Surname (Last Name)

Teng

3. Date

01-June-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Shilei Pan

5. Manuscript Title

The changing situation about maternal age, risk factors and pregnancy outcomes after the two-child policy: a retrospective cohort study

6. Manuscript Identifying Number (if you know it)

APM-19-344

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Teng has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)

Mc Intyre

2. Surname (Last Name)

Shane

3. Date

01-June-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Shilei Pan

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Shilei

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Pan

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MEDICAL JOURNAL EDITORS

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