

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Qiong	2. Surname (Last Name) Wu	3. Date 22-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yongfeng Jiang
5. Manuscript Title Management and experience of postural placement in postoperative mechanical ventilation of newborns		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Wu has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Juan	2. Surname (Last Name) Liu	3. Date 22-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
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Yongfeng

2. Surname (Last Name)
Jiang

3. Date
22-April-2020

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