

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Yiyong

2. Surname (Last Name)  
Fu

3. Date  
02-November-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Risk factors for necrotizing enterocolitis associated mortality

6. Manuscript Identifying Number (if you know it)  
PM-19-83

### Section 2. The Work Under Consideration for Publication

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Dr. Fu has nothing to disclose.

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1. Given Name (First Name) Rong	2. Surname (Last Name) Ju	3. Date 02-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yiyong Fu
5. Manuscript Title Risk factors for necrotizing enterocolitis associated mortality		
6. Manuscript Identifying Number (if you know it) PM-19-83		

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### Section 1. Identifying Information

1. Given Name (First Name) Guang	2. Surname (Last Name) Yue	3. Date 02-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yiyong Fu
5. Manuscript Title Risk factors for necrotizing enterocolitis associated mortality		
6. Manuscript Identifying Number (if you know it) PM-19-83		

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1. Given Name (First Name) Tiantian	2. Surname (Last Name) Xiao	3. Date 02-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yiyong Fu
5. Manuscript Title Risk factors for necrotizing enterocolitis associated mortality		
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Dr. Xiao has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Xiaolong	2. Surname (Last Name) Zhang	3. Date 02-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yiyong Fu
5. Manuscript Title Risk factors for necrotizing enterocolitis associated mortality		
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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) Shuqiang	2. Surname (Last Name) Gao	3. Date 02-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yiyong Fu
5. Manuscript Title Risk factors for necrotizing enterocolitis associated mortality		
6. Manuscript Identifying Number (if you know it) PM-19-83		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Yang

2. Surname (Last Name)  
Liu

3. Date  
02-November-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Yiyong Fu

5. Manuscript Title  
Risk factors for necrotizing enterocolitis associated mortality

6. Manuscript Identifying Number (if you know it)  
PM-19-83

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xuhong	2. Surname (Last Name) Hu	3. Date 02-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yiyong Fu
5. Manuscript Title Risk factors for necrotizing enterocolitis associated mortality		
6. Manuscript Identifying Number (if you know it) PM-19-83		

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Are there any relevant conflicts of interest?  Yes  No

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