Date:_28/9/2022	
Your Name:_LAURA SAN FELICIANO	
Manuscript Title: The Spanish Neonatal Network SEN1500: updated information.	
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

		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) 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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	146112	
	dilaidi iiica ests		
Plea	se summarize the above co	nflict of interest in the fo	llowing box:

Date: 5/10/2020 Your Name: Manuscript Title: +he 5 P Manuscript number (if known):	ANUEL MORI anisch Neen PM-2020-0	SERRAMO SERRAMO SERRAMO SEN 1500: uplate 9 (PM 21-109). R21
In the interest of transparency, we related to the content of your man	ask you to disclose all uscript. "Related" mea ected by the content of ssarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a
The following questions apply to the manuscript only.	ne author's relationship	os/activities/interests as they relate to the <u>current</u>
The author's relationships/activities to the epidemiology of hypertension medication, even if that medication	n, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.
In item #1 below, report all suppor the time frame for disclosure is the	t for the work reported past 36 months.	d in this manuscript without time limit. For all other iter
	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)
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.	None	
2 Grants or contracts from any entity (if not indicated in item #1 above).	None None	st 36 months
3 Royalties or licenses _	None	
4 Consulting fees	None	

5 Payment or honoraria for lectures, presentations,	forNone	
speakers bureaus.		
manuscript writing or educational events		
Culculous		
6 Payment for expert	None	
testimony		
7 Support for attending meetings and/or travel	None	
8 Patents planned, issued or	rNone	
pending		
9 Participation on a Data Safety Monitoring Board	None	
or Advisory Board		
10 Leadership or fiduciary	None	
role in other board, society, committee or		
advocacy group, paid or		
unpaid		
11 Stock or stock options	None	
12 Receipt of equipment,	None	
materials, drugs, medical writing, gifts or other		
services		
13 Other financial or non-	None	
financial interests		
marize the above conflict of	interest in the following box:	
	THE RESIDENCE OF THE PARTY OF T	

Date: 29 - September- 2022

Your Name: Josep Figueras – Aloy

Manuscript Title: The Spanish Neonatal Network SEN1500: updated information.

Manuscript number (if known):PM-2020-09 (PM-21-109)-R1

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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.	XNone	
2	Grants or contracts from	Time frame: pastX_None	36 months
	any entity(if not indicated in item #1 above).		
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	X None	
	testimony		
7	Cupport for attending	V None	
/	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	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		
11	group, paid or unpaid Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
12	services Other financial or non-	V. Nana	
13	financial interests	XNone	
Plea	ise summarize the above co	nflict of interest in the fo	lowing box:

Date:29/ September/2022	
Your Name: Tomás Sánchez Tamayo	
Manuscript Title: The Spanish Neonatal Network SEN1500; undeted information	
Manuscript number (if known):	

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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 initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
5	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy group, paid or unpaid		27 112 11 11 11 11 11 11 11 11 11 11 11 11
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services	11	
13	Other financial or non- financial interests	None	
11			

 marize the above conflict of in	terest in the following box.	
		1

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

Tomás Sánclest Tauajo

Date: 05-10-2022

Your Name: CARLOS ZOZAYA NIETO

Manuscript Title: THE SPANISH NEONATAL NETWORK SEN1500: UPDATED INFORMATION

Manuscript number (if known):

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		Name all entities with whom you have this relationship or indicate none (add	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Tin	ne frame: Since the initia	l 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	XNone	

	muicateu iii itemi #1		
	above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers	XNone	
	bureaus, manuscript writing or educational		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and, or traver		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory	XNone	
	Board		
10	Leadership or fiduciary role in other board,	XNone	
	society, committee or		
	advocacy group, paid or		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or	XNone	
	other services		
13	Other financial or non-	XNone	

	financial interests			
Plea	ase summarize the above	e conflict of interest in	the following box:	

Date: 28th September 202

Your Name: Fermín García-Muñoz Rodrigo

Manuscript Title: "The Spanish Neonatal Network SEN1500: updated information."

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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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.	None None	planning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	+
	writing, gifts or other		+
	services		
13	Other financial or non-	None	
10	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	llowing box:
_			

Date:_29/September/2022 Your Name: Máximo Vento

Manuscript Title: The Spanish Neonatal Network SEN1500: updated information.

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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2	Grants or contracts from	Time frame: pastNone	36 months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
"	testimony	None	
	testimony		
7	Support for attending	None	
ĺ	meetings and/or travel		
	g. aa, a. a.a.a.		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	Nana	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fo	ollowing box: