

ICMJE DISCLOSURE FORM

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 **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. 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 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 lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	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 Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

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

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: 5/10/2022
Your Name: MANUEL MORD SERRANO
Manuscript Title: The Spanish Neonatal Network SEN 1500: updated information.
Manuscript number (if known): PM-2020-09 (PM21-109), R2A

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- 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) None
No time limit for this item.

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 lectures, presentations, speakers bureaus, manuscript writing or educational events None

6 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 Safety Monitoring Board or Advisory Board None

10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None

11 Stock or stock options None

12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None

13 Other financial or non-financial interests None

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

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: 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

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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Time frame: past 36 months			
2	Grants or contracts from any entity(if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

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

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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


 Tomás Sánchez Taulayo

ICMJE DISCLOSURE FORM

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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1	__X__ None	

	indicated in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-	<input checked="" type="checkbox"/> None	

	financial interests		

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

ICMJJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

Date: 29/September/2022

Your Name: **Máximo Vento**

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

Manuscript number (if known):

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