

ICMJE DISCLOSURE FORM

Date: 2022.08.26

Your Name: Xiao-Chen Liu

Manuscript Title: Necrotizing enterocolitis in a Chinese perspective: A narrative review

Manuscript number (if known): _____

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The authors have no conflicts of interest to declare.

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

X 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: 2022.08.26

Your Name: Lu-Quan Li

Manuscript Title: Necrotizing enterocolitis in a Chinese perspective: A narrative review

Manuscript number (if known): _____

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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.	Natural Science Foundation of Chongqing municipality (cstc2021jcyj-msxmX0063) the Joint Medical Research Project of Chongqing Science and Technology Commission (2022MSXM039).	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
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