ICMJE DISCLOSURE FORM

Date: April 29, 2021
Your Name: Qiao Shen
Manuscript Title: A protocol to develop a standard guideline for neonatal pain management
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.

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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) |
|---|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
|   | _No time limit for this item._ |   |

|   | Time frame: Since the initial planning of the work |
|---|---------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |

|   | Time frame: past 36 months |
|---|-----------------------------|
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                | _X_ None |
| 7 | Support for attending meetings and/or travel                                 | _X_ None |
| 8 | Patents planned, issued or pending                                           | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                       | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                   | _X_ None |

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

None.

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

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Date: April 29, 2021
Your Name: Hongyao Leng
Manuscript Title: A protocol to develop a standard guideline for neonatal pain management
Manuscript number (if known): ________________________________

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|   | **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).                     | __X__ None                                                                          |
| 3 | Royalties or licenses                                                                          | __X__ None                                                                          |
| 4 | Consulting fees                                                                                 | __X__ None                                                                          |
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ICMJE DISCLOSURE FORM

Date: April 29, 2021
Your Name: Yuan Shi
Manuscript Title: A protocol to develop a standard guideline for neonatal pain management
Manuscript number (if known): ____________________________________________________________________________

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| Item | Description | Time Frame | Entity | Name | Specifications/Comments |
|------|-------------|------------|--------|------|-------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Since the initial planning of the work | None | _X_ None | |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above) | Past 36 months | None | _X_ None | |
| 3    | Royalties or licenses | None | _X_ None | |
| 4    | Consulting fees | None | _X_ None | |
|   | Description                                                                 | Answer |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
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None.

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.
Date: April 29, 2021  
Your Name: Yaolong Chen  
Manuscript Title: A protocol to develop a standard guideline for neonatal pain management  
Manuscript number (if known): 

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|   | **Time frame: Since the initial planning of the work**                                         |                                                                                     |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_ None                                                                           |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                           |
| 4 | Consulting fees                                                                               | _X_ None                                                                           |

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Date: April 29, 2021
Your Name: Xianlan Zheng
Manuscript Title: A protocol to develop a standard guideline for neonatal pain management
Manuscript number (if known): 

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| **Time frame: past 36 months** |                                                                                   |                                                                                  |
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| 3 | Royalties or licenses                                                                     | **X** None                                                                       |
| 4 | Consulting fees                                                                          | **X** None                                                                       |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
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