ICMJE DISCLOSURE FORM

Date: June 15, 2021
Your Name: Jing Li
Manuscript Title: Data Governance System of the National Clinical Research Center for Child Health in China
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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|   | 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. |                                                                                   |
| 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 |
| 5 | | X None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |
|---|-------------------------------------------------------------------------------------------------------------|
| 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:

I 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.
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Date: __June 15, 2021__

Your Name: ____ Gang Yu __

Manuscript Title: __Data Governance System of the National Clinical Research Center for Child Health in China__

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| **4** | Consulting fees | _X_ None |
| **5** | | _X_ None |
|   | Description                                                                                     |   |
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Date: __June 15, 2021__________________________

Your Name: ________________________________________Wen Ding__________________________

Manuscript Title: __Data Governance System of the National Clinical Research Center for Child Health in China__

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| 3 | Royalties or licenses                                                                            | **X** None                                                                          |
| 4 | Consulting fees                                                                                  | **X** None                                                                          |
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Manuscript Title: Data Governance System of the National Clinical Research Center for Child Health in China
Manuscript number (if known): 

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Time frame: Since the initial planning of the work

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|   | | |
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|   | | |
| 4 | Consulting fees | _X_ None |
|   | | |
| 5 | | _X_ None |

Time frame: past 36 months
|   |                                                                 |   |
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| 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 |

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Date: __June 15, 2021__

Your Name: ____ Zheming Li ___

Manuscript Title: _Data Governance System of the National Clinical Research Center for Child Health in China_

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| 4 | Consulting fees                                                                     | _X_ None                                                                                 |
| 5 |                                                                                   | _X_ None                                                                                 |
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| 7 | Support for attending meetings and/or travel                                                             | _X_None |
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Manuscript Title: __Data Governance System of the National Clinical Research Center for Child Health in China__
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|   |   |   |
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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 |
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Date: __June 15, 2021______________________________

Your Name: ______________ Dejian Wang______________________________

Manuscript Title: ______________ Data Governance System of the National Clinical Research Center for Child Health in China______________________________

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|   | No time limit for this item.                                                             |                                                                                   |
|   |                                                                                         |                                                                                   |
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Date: __June 15, 2021__

Your Name: __Jie Zhang__

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Manuscript number (if known): _______________________________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None                                                                |

Time frame: past 36 months

|   |                                                                 |                                                                 |
|---|-----------------------------------------------------------------|----------------------------------------------------------------------|
| 3 | Royalties or licenses                                           | X None                                                                |

|   |                                                                 |                                                                 |
|---|-----------------------------------------------------------------|----------------------------------------------------------------------|
| 4 | Consulting fees                                                | X None                                                                |

|   |                                                                 |                                                                 |
|---|-----------------------------------------------------------------|----------------------------------------------------------------------|
| 5 | X None                                                          |                                                                      |
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Manuscript Title: __Data Governance System of the National Clinical Research Center for Child Health in China__
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