ICMJE DISCLOSURE FORM

Date: 2022-05-06
Your Name: Xiangyan Liang

Manuscript Title: Effect of family integrated care on physical growth and language development of preterm infants: a retrospective study
Manuscript number (if known):

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| 13| Other financial or non-financial interests                                                      | _X_ None |

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Date: __2022-05-06__
Your Name: __Aimei Miao__

Manuscript Title: Effect of family integrated care on physical growth and language development of preterm infants: a retrospective study
Manuscript number (if known): ____________________________________________________________________

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Date: 2022-05-06
Your Name: Wei Zhang
Manuscript Title: Effect of family integrated care on physical growth and language development of preterm infants: a retrospective study
Manuscript number (if known): ____________________________________________________________________

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Time frame: Since the initial planning of the work

Time frame: past 36 months
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Date:_2022-05-06__________________________
Your Name:___Min Li_____________________________________________________

Manuscript Title: Effect of family integrated care on physical growth and language development of preterm infants: a retrospective study
Manuscript number (if known):__________________________________________________________________

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4  | Consulting fees | _X__None

**Time frame: past 36 months**
|   | Question                                                                 | Answer |
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|   | manuscript writing or educational events                                  |        |
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Date: __2022-05-06__
Your Name: ___Yan Xing__________________________
Manuscript Title: Effect of family integrated care on physical growth and language development of preterm infants: a retrospective study
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