

ICMJE DISCLOSURE FORM

Date: 20 September 2021

Your Name: Lu Huang

Manuscript Title: Latrogenic factors contributed to the high rate of preterm birth in community hospital

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: 20 September 2021

Your Name: Zhong Chen

Manuscript Title: Latrogenic factors contributed to the high rate of preterm birth in community hospital

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 20 September 2021

Your Name: Jiawen Li

Manuscript Title: Latrogenic factors contributed to the high rate of preterm birth in community hospital

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ICMJE DISCLOSURE FORM

Date: 20 September 2021

Your Name: Yuanyuan Chen

Manuscript Title: Latrogenic factors contributed to the high rate of preterm birth in community hospital

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Date: 20 September 2021

Your Name: Ke Yin

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Date: 20 September 2021

Your Name: Yu Chen

Manuscript Title: Latrogenic factors contributed to the high rate of preterm birth in community hospital

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Date: 20 September 2021
 Your Name: Lingqing Hu
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ICMJE DISCLOSURE FORM

Date: 20 September 2021

Your Name: Xiaomin Zheng

Manuscript Title: Latrogenic factors contributed to the high rate of preterm birth in community hospital

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Date: 20 September 2021

Your Name: Tao Zhou

Manuscript Title: Latrogenic factors contributed to the high rate of preterm birth in community hospital

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Date: 20 September 2021

Your Name: Yunlong Zhu

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Date: 20 September 2021

Your Name: Daozhen Chen

Manuscript Title: Latrogenic factors contributed to the high rate of preterm birth in community hospital

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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:

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: 20 September 2021

Your Name: Nanbert Zhong

Manuscript Title: Latrogenic factors contributed to the high rate of preterm birth in community hospital

Manuscript number (if known): _____

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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