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**Abstract**

**Background**

Describe the context and purpose of the study.

**Methods**

In this section, describe how the study was performed and what statistical tests were used.

**Results**

Write the main findings.

**Conclusions**

Present a brief summary and potential implications.

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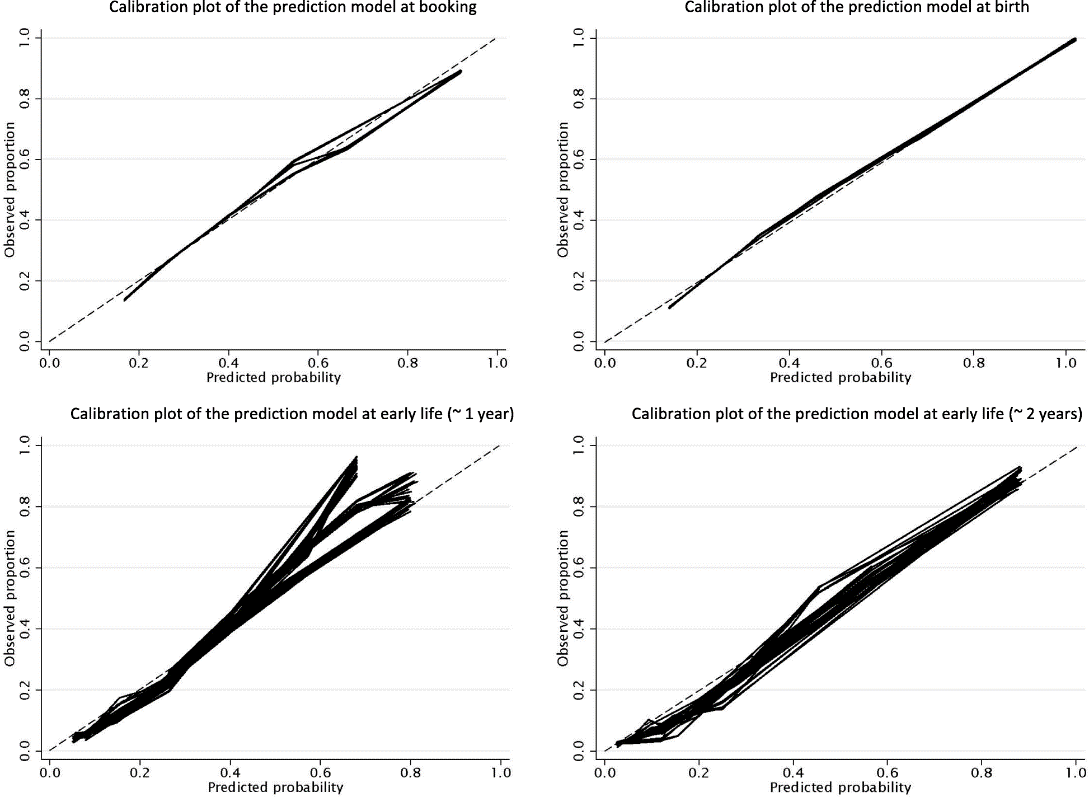
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This section should include the findings of the study including, if appropriate, results of statistical analysis which must be included either in the text or as tables (Table 1) and figures (Fig.1).

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**Fig. 1**



**a**–**d** Calibration plot of the prediction model at booking, birth, early life (~ 1 year), and early life (~ 2 years)

**Table 1 Table title (max 15 words). Legend (max 300 words) should be included underneath the table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Characteristics** | **Group A** | **Group B** | **Group A+B** | **Group C** |
| **Age (years)** | 3.0 (0.9–7.5) | 1.0 (1.0–4.5) | 1.0 (1.0–4.5) | 1.0 (1.0–4.5) |
| > 2.5 | 22/43 (51%) | 21/43 (49%) | 21/43 (49%) | 21/43 (49%) |
| ≤ 2.5 | 21/43 (49%) | 4/7 (57%) | 4/7 (57%) | 4/7 (57%) |
| **Sex** | | | | |
| male | 23/43 (53%) | 5/7 (71%) | 5/7 (71%) | 5/7 (71%) |
| female | 20/43 (47%) | 2/7 (29%) | 2/7 (29%) | 2/7 (29%) |
| **Clinical status** | | | | |
| Asymptomatica | 0/43 (0%) | 2/7 (29%) | 2/50 (4%) | 0/26 (0%) |
| Very mild | 0/43 (0%) | 5/7 (71%) | 5/50 (10%) | 0/26 (0%) |
| Mild | 41/43 (95%) | 0/7 (0%) | 41/50 (82%) | 26/26 (100%) |
| Severe | 0/43 (0%) | 0/7 (0%) | 0/50 (0%) | 0/26 (0%) |
| Critically ill | 2/43 (5%) | 0/7 (0%) | 2/50 (4%) | 0/26 (0%) |
| **Symptoms** | | | | |
| Fever | 29/43 (67%) | 3/7 (43%) | 32/50 (64%) | 21/26 (81%) |
| Cough | 21/43 (49%) | 1/7 (14%) | 22/50 (44%) | 19/26 (73%) |
| Myalgia/fatigue | 2/43 (5%) | 0/7 (0%) | 2/50 (4%) | 0/26 (0%) |
| Sore throat | 1/43 (2%) | 0/7 (0%) | 1/50 (2%) | 0/26 (0%) |
| Diarrhea | 3/43 (7%) | 0/7 (0%) | 3/50 (6%) | 0/26 (0%) |

aNo clinical symptoms and no abnormal CT findings

Results that would otherwise be indicated as "data not shown" should be included as additional files. BioMed Central requires that supporting data are included as additional files or deposited in a recognized repository. The maximum file size for additional files is 20 MB each. Each additional file should be cited in sequence within the main body of text. For more information on additional files, visit [here](https://www.biomedcentral.com/getpublished/writing-resources/additional-files?utm_source=other_website&utm_medium=display&utm_content=mpu&utm_campaign=BSCN_3_CZ01_CN_BMCMed_Template)

**Discussion**

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**Conclusions**

This should state clearly the main conclusions and provide an explanation of the importance and relevance of the study reported.

**List of Abbreviations**

If abbreviations are used in the text, they should be defined in the text at first use, and a list of abbreviations should be provided as below:

**3Di:** Developmental, Dimensional and Diagnostic Interview

**ABC:** Antecedents, Behaviours and Consequences (chart)

**ACE:** ADHD Child Evaluation

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**References**

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1. Rohrmann S, Overvad K, Bueno-de-Mesquita HB, Jakobsen MU, Egeberg R, Tjønneland A, et al. Meat consumption and mortality - results from the European Prospective Investigation into Cancer and Nutrition. BMC Medicine. 2013;11:63.

**Article within a journal by DOI**

1. Slifka MK, Whitton JL. Clinical implications of dysregulated cytokine production. Dig J Mol Med. 2000; doi:10.1007/s801090000086.

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1. Saito Y, Hyuga H. Rate equation approaches to amplification of enantiomeric excess and chiral symmetry breaking. Top Curr Chem. 2007. doi:10.1007/128\_2006\_108.

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1. Blenkinsopp A, Paxton P. Symptoms in the pharmacy: a guide to the management of common illness. 3rd ed. Oxford: Blackwell Science; 1998.

**Online document**

1. Doe J. Title of subordinate document. In: The dictionary of substances and their effects. Royal Society of Chemistry. 1999. http://www.rsc.org/dose/title of subordinate document. Accessed 15 Jan 1999.

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