Date:Nov 2 <sup>th</sup> , 2021
Your Name: Krishnamurthy B. Vaishnavi
Manuscript Title: Clinical Outcome of High-risk Patients Treated with Percutaneous Cholecystostomy
Tube Drainage: Application of Comorbidity Scores in a Retrospective Cohort Study
Manuscript number (if known): DMR-21-58

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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	V. Nana		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel			
	meetings and, or traver			
8	Patents planned, issued or	XNone		-
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
	lono			
	lone.			

Date	e:Nov. 20, 2021			
You	Name:Christopher P. R	ice, MD		
Man	uscript Title: Clinica	Outcomes of High-Ris	k Patients Treated with Percutaneous Cholecystos	tomy
Tub	e Drainage: A Retrospec	tive Cohort Study		
Man	uscript number (if known):	DMR 21-58		
relate parte to trelate	ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript of the	
to the med	ne epidemiology of hyperter ication, even if that medica	nsion, you should declare tion is not mentioned in t port for the work reported	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other ite	e
the	lime frame for disclosure is	the past so 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)	
		Time frame: Since the initia	al planning of the work	
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		Time frame: pas	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
3	Royalties or licenses	XNone		
4	Consulting fees	XNone		

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_	2		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
10	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	owing box:
N	one.		
'\	one.		
Dloa	se place an "X" next to the	following statement to in	licate vour 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:Nov 3 <sup>th</sup> , 2021
Your Name:_Kim Khoo
Manuscript Title: <u>Clinical Outcome of High-risk Patients Treated with Percutaneous Cholecystostomy</u>
Tube Drainage: Application of Comorbidity Scores in a Retrospective Cohort Study
Manuscript number (if known): <u>DMR-21-58</u>

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	V. Nana		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel			
	meetings and, or traver			
8	Patents planned, issued or	XNone		-
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
	lono			
	lone.			

Date:Nov 3 <sup>th</sup> , 2021
Your Name:_Milin Rana
Manuscript Title: Clinical Outcome of High-risk Patients Treated with Percutaneous Cholecystostomy
Tube Drainage: Application of Comorbidity Scores in a Retrospective Cohort Study
Manuscript number (if known): <u>DMR-21-58</u>

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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	V. Nana		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel			
	meetings and, or traver			
8	Patents planned, issued or	XNone		-
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
	lono			
	lone.			

Date:Oct 13 <sup>th</sup> , 2021
Your Name:_Farhan Ahmad
Manuscript Title: Clinical Outcome of High-risk Patients Treated with Percutaneous Cholecystostomy
Tube Drainage: Application of Comorbidity Scores in a Retrospective Cohort Study
Manuscript number (if known): DMR-21-58

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
	educational events	V. Nana		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel			
	meetings and, or traver			
8	Patents planned, issued or	XNone		-
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
	lono			
None.				

Date:Oct 15 <sup>th</sup> , 2021
our Name:_Edward Higgins
Manuscript Title: <u>Clinical Outcome of High-risk Patients Treated with Percutaneous Cholecystostomy</u>
Tube Drainage: Application of Comorbidity Scores in a Retrospective Cohort Study
Manuscript number (if known): <u>DMR-21-58</u>

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
	educational events	V. Nana		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel			
	meetings and, or traver			
8	Patents planned, issued or	XNone		-
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
	lono			
None.				

Date:Oct 23 <sup>th</sup> , 2021
Your Name: Taylor Williams
Manuscript Title: <u>Clinical Outcome of High-risk Patients Treated with Percutaneous Cholecystostomy</u>
Tube Drainage: Application of Comorbidity Scores in a Retrospective Cohort Study
Manuscript number (if known): DMR-21-58

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
	educational events	V. Nana		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel			
	meetings and, or traver			
8	Patents planned, issued or	XNone		-
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
	lono			
None.				

Date:Oct. 2 <sup>th</sup> , 2021
Your Name:Celia Chao
Manuscript Title:_ Clinical Outcomes of High-Risk Patients Treated with Percutaneous Cholecystostomy
Tube Drainage: Application of Comorbidity Scores in a Retrospective Cohort Study
Manuscript number (if known):DMR-21-58

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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations, speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	X None		
0	testimony	XNotie		_
	l cestimon,			_
7	Support for attending	XNone		
	meetings and/or travel			
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8	Patents planned, issued or pending	XNone		
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9	Participation on a Data	XNone		_
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		_
	in other board, society,			_
	committee or advocacy			_
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	onflict of interest in the fo	llowing box:	
N	lone.			

Date:Nov 2 <sup>th</sup> , 2021
Your Name:_William Mileski
Manuscript Title: <u>Clinical Outcome of High-risk Patients Treated with Percutaneous Cholecystostomy</u>
Tube Drainage: Application of Comorbidity Scores in a Retrospective Cohort Study
Manuscript number (if known): <u>DMR-21-58</u>

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4	Consulting fees	XNone			

5	Payment or honoraria for	XNone					
	lectures, presentations,						
	speakers bureaus,						
	manuscript writing or						
	educational events	V. Nana					
6	Payment for expert testimony	XNone					
7	Support for attending meetings and/or travel	X None					
,							
8	Patents planned, issued or	XNone					
	pending						
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone					
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone					
	group, paid or unpaid						
11	Stock or stock options	XNone					
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None					
13	Other financial or non- financial interests	XNone					
Please summarize the above conflict of interest in the following box:							
Nama							
None.							