Date:	_ <u>2021/04</u>	/16
Your Nan	ne:Rong	/u Shang
Manuscri	pt Title:	Relationship between inpatient satisfaction and quality of surgery
Manuscri	pt 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	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.)  No time limit for this item.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past ☑ _None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events	[7] Name			
6	Payment for expert testimony	<u>✓</u> _None			
	testimony				
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	✓None			
	pending				
9	Participation on a Data	<u>✓</u> _None			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	✓ None			
10	in other board, society,	None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
42					
12	Receipt of equipment, materials, drugs, medical	None			
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	None.				
1 '					

None.			

Date:	2021/04/16
Your Name	e:Duan Wang
Manuscrip	t Title: Relationship between inpatient satisfaction and quality of surgery
Manuscrip	ot number (if known): GS-21-289

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	☑_None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	<u>✓</u> None		
	testimony			
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7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	<u>☑</u> None		
	pending			
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9	Participation on a Data	<u>✓</u> _None		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	✓ None		
10	in other board, society,	None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_ ☑ None		
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12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
DIA	ase summarize the above co	unflict of interest in the fall	owing hove	
rie	ase summanze the above co	minut of interest in the 1011	Owing DUX.	
	None.			
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Date:	2021/04/16
Your Name	: Huifen Cai
Manuscrip	Title: Relationship between inpatient satisfaction and quality of surgery
Manuscrip	number (if known):

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	speakers bureaus,				
	manuscript writing or				
	educational events	[7] Name			
6	Payment for expert testimony	<u>✓</u> _None			
	testimony				
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	✓None			
	pending				
9	Participation on a Data	<u>✓</u> _None			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	✓ None			
10	in other board, society,	None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
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12	Receipt of equipment, materials, drugs, medical	None			
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	None.				
1 '					

None.			

Date:	2021/04/	16
Your Nam	e:Jiafei	Chen
Manuscrij	ot Title:	Relationship between inpatient satisfaction and quality of surgery
Manuscrii	ot number (	if known):

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4	Consulting fees	None	

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

Date:	2021/04/16
Your Name	e:Lin Lv
Manuscrip	t Title: Relationship between inpatient satisfaction and quality of surgery
Manuscrip	t number (if known):

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	speakers bureaus,		
	manuscript writing or		
	educational events	[7] Name	
6	Payment for expert testimony	<u>✓</u> _None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	✓None	
	pending		
9	Participation on a Data	<u>✓</u> _None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	✓ None	
10	in other board, society,	None	
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	group, paid or unpaid		
11	Stock or stock options	None	
42			
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the foll	owing box:
N	lone.		
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None.			

Date:	2021/04/16					
Your Name	our Name: Chunji Huang					
Manuscript Title: Relationship between inpatient satisfaction and quality of surgery						
Manuscrip	ot number (if known):					

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		none (add rows as	
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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	☑ None	
	testimony		
	,		
7	Support for attending	None	
,	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	<u> </u>	
	pending		
9	Participation on a Data	✓ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	☑ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	✓ None	
	Stock of Stock options	<u></u>	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
12	Other financial or non-	- None	
13	financial interests	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
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None.			