

ICMJE DISCLOSURE FORM

Date: August. 10th, 2021

Your Name: Deena Hadedeya

Manuscript Title: Effect of Postsurgical Chronic Hypoparathyroidism on Morbidity and Mortality: A Meta-Analysis

Manuscript number (if known): GS-21-181

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 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) |
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| 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |

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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |

Please summarize the above conflict of interest in the following box:

Nothing to disclose

Please place an "X" next to the following statement to indicate your agreement:

I (Deena Hadedeya) 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: August, 10th, 2021

Your Name: Joshua Kay

Manuscript Title: Effect of Postsurgical Chronic Hypoparathyroidism on Morbidity and Mortality: A Meta-Analysis

Manuscript number (if known): GS-21-181

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Nothing to disclose

Please place an "X" next to the following statement to indicate your agreement:

I (Joshua Kay) 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: August 10th, 2021

Your Name: Abdallah Attia

Manuscript Title: Effect of Postsurgical Chronic Hypoparathyroidism on Morbidity and Mortality: A Meta-Analysis

Manuscript number (if known): GS-21-181

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Nothing to disclose

Please place an "X" next to the following statement to indicate your agreement:

I (Abdallah Attia) 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: August. 10th, 2021

Your Name: Mahmoud Omar

Manuscript Title: Effect of Postsurgical Chronic Hypoparathyroidism on Morbidity and Mortality: A Meta-Analysis

Manuscript number (if known): GS-21-181

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Please summarize the above conflict of interest in the following box:

Nothing to disclose

Please place an "X" next to the following statement to indicate your agreement:

I (Mahmoud Omar) 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: August. 10th, 2021

Your Name: Mahmoud Shalaby

Manuscript Title: Effect of Postsurgical Chronic Hypoparathyroidism on Morbidity and Mortality: A Meta-Analysis

Manuscript number (if known): GS-21-181

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Nothing to disclose

Please place an "X" next to the following statement to indicate your agreement:

I (Mahmoud Shalaby) 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: August. 10th, 2021

Your Name: Mohanad R Youssef

Manuscript Title: Effect of Postsurgical Chronic Hypoparathyroidism on Morbidity and Mortality: A Meta-Analysis

Manuscript number (if known): GS-21-181

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Nothing to disclose.

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I (Mohanad R Youssef) 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: August. 10th, 2021

Your Name: Mohamed Shama

Manuscript Title: Effect of Postsurgical Chronic Hypoparathyroidism on Morbidity and Mortality: A Meta-Analysis

Manuscript number (if known): GS-21-181

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Nothing to disclose

Please place an "X" next to the following statement to indicate your agreement:

I (Mohamed Shama) 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: August. 10th, 2021

Your Name: Eman Toraih

Manuscript Title: Effect of Postsurgical Chronic Hypoparathyroidism on Morbidity and Mortality: A Meta-Analysis

Manuscript number (if known): GS-21-181

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I (Eman Toraih) 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: August. 10th, 2021

Your Name: Emad Kandil

Manuscript Title: Effect of Postsurgical Chronic Hypoparathyroidism on Morbidity and Mortality: A Meta-Analysis

Manuscript number (if known): GS-21-181

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