Manuscript Title: Endovascular therapy choices for different sites of delayed postoperative arterial hemorrhage after

Date: <u>2021-8-3</u> Your Name: <u>Xiaohe Yu</u>

4

Consulting fees

Manuscript number (if known):_

hepatobiliary pancreatic surgery: a retrospective study

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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.	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	

_None

5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√None	
	testimony		
		,	
7	Support for attending meetings and/or travel	_√None	
8	Patents planned, issued or	None	
	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		
11	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of anyion and	al Name	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:

I have completed the ICMJE uniform disclosure form. I have no conflicts of interest to declare.

Date:	2021-8-3
Your I	Name: <u>Xue Liu</u>
Manu	script Title: Endovascular therapy choices for different sites of delayed postoperative arterial hemorrhage after
hepat	obiliary pancreatic surgery: a retrospective study
Manu	script 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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	No time limit for this item.		
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√ None	
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7	Support for attending	√ None	
	meetings and/or travel		
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8	Patents planned, issued or pending	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	√ None	
10	in other board, society,	vivone	
	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		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:

I have completed the ICMJE uniform disclosure form. I have no conflicts of interest to declare.

Date: 2021-8-3
Your Name: <u>Jian Huang</u>
Manuscript Title: Endovascular therapy choices for different sites of delayed postoperative arterial hemorrhage after
hepatobiliary pancreatic surgery: a retrospective study
Manuscript number (if known):

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	any entity (if not indicated		
	in item #1 above).	,	
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	_√None	
	testimony		
7	Support for attending	√None	
	meetings and/or travel		
8	Patents planned, issued or	√None	
	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	
10			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√ None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	ollowing box:

I have completed the ICMJE uniform disclosure form. I have no conflicts of interest to declare.

Date: 2021-8-3

Your Name: Shuqun Shen
Manuscript Title: Endovascular therapy choices for different sites of delayed postoperative arterial hemorrhage after
hepatobiliary pancreatic surgery: a retrospective study
Manuscript number (if known):
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√None	
		,	
4	Consulting fees	√None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	√None	
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	_√None	
	meetings and/or travel		
8	Patents planned, issued or	√ None	
0	pending		
	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		
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11	Stock or stock options	_√None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above of	onflict of interest in the fo	ollowing box:

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Date:2021-8-3
Your Name: <u>Naijian Ge</u>
Manuscript Title: Endovascular therapy choices for different sites of delayed postoperative arterial hemorrhage after
hepatobiliary pancreatic surgery: a retrospective study
Manuscript number (if known):

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4	Consulting fees	_√None	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert		
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7	Support for attending	√ None	
	meetings and/or travel		
	<u> </u>		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
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11	Stock or stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-		
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		
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	I have completed the ICMJE uniform disclosure form. I have no conflicts of interest to declare.		
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Date:	2021-8-3
Your Na	ame: Yefa Yang
Manusc	cript Title: Endovascular therapy choices for different sites of delayed postoperative arterial hemorrhage after
hepatok	biliary pancreatic surgery: a retrospective study
Manusc	cript number (if known):

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7	Support for attending	√ None	
	meetings and/or travel		
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9	Participation on a Data	_√None	
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	Advisory Board		
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Date:2021-8-3
Your Name: Hua Wang
Manuscript Title: Endovascular therapy choices for different sites of delayed postoperative arterial hemorrhage after
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Manuscript number (if known):
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3	Royalties or licenses	None				
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5	Payment or honoraria for	_√None				
	lectures, presentations,	_				
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	√ None				
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7	Support for attending	√None				
	meetings and/or travel					
8	Patents planned, issued or	√ None				
	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					
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11	Stock or stock options	√ None				
	Stock of Stock options					
12	Receipt of equipment,	√ None				
12	materials, drugs, medical					
	writing, gifts or other					
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13	Other financial or non-	√ None				
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