

ICMJE DISCLOSURE FORM

Date: 2022.11.23
 Your Name: Zhihong Chen
 Manuscript Title: A Novel Clinical Model for Risk Prediction and Stratification of New-onset Diabetes Mellitus after Distal Pancreatectomy
 Manuscript number (if known): HBSN-22-382

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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Date: 2022.11.23
 Your Name: Ning Shi
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Date: 2022.11.23
 Your Name: Yiping Zou
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 Your Name: Yuanpeng Zhang
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 Your Name: Fan Wu
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Date: 2022.11.23
 Your Name: Haosheng Jin
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 Your Name: Menghua Dai
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

The author declares no conflict of interest.

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

☒ **I certify that I have answered every question and have not altered the wording of any of the questions on this form.**