ICMJE DISCLOSURE FORM

Date	e:	<u>31/10/ 2023</u>					
You	our Name: Hong Yang						
Mar	Manuscript Title: Giant accessory hepatic lobe accompanied by inflammatory pseudotumor						
Mar	Manuscript number (if known):						
In the relation to the relatio	ne interest of transparency, ted to the content of your name interests may be asparency and does not necestionship/activity/interest, it following questions apply the transcript only. author's relationships/activity epidemiology of hypertections in that medical	we ask you to disclose all in nanuscript. "Related" mean affected by the content of essarily indicate a bias. If you do so the author's relationship wities/interests should be defined in the port for the work reported	s/activities/interests as they relate to the current efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive				
		T					
		Name all entities with	С				
		whom you have this relationship or indicate					
		none (add rows as					
		needed)					
		Time frame: Since the initia	planning of the work				
1	All support for the present	None					
	manuscript (e.g., funding,						
	provision of study materials,						
	medical writing, article						
	processing charges, etc.)						
	No time limit for this item.						
		Time frame: past	36 months				
2	Grants or contracts from	None					
	any entity (if not indicated						
	in item #1 above).						
3	Royalties or licenses	None					
1	Consulting foos	None					

5	Payment or honoraria for lectures, presentations,	None			
	speakers bureaus,				
	manuscript writing or				
_	educational events				
6	Payment for expert testimony	None			
	-				
7	upport for attending neetings and/or travel	None			
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 group, paid or unpaid				
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			
13	financial interests				
Plea	Please summarize the above conflict of interest in the following boy:				

None			

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

X I 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:	31/10/2023			
Your Name:	Binglin Lai			
Manuscript Title:	Giant accessory hepatic lobe accompanied by inflammatory pseudotumor			
Manuscript 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</u> manuscript only.

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.

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)		
	T	Time frame: Since the initial	planning of the work		
1	All support for the present manuscript (e.g., funding,	None			
	provision of study materials, medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
	Time frame: past 36 months				
2	Grants or contracts from	None			
	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,	None			
	speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	None			
7	Support for attending meetings and/or travel	None			
	meetings and/or traver				
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			
12	Receipt of equipment,	None			
	materials, drugs, medical writing, gifts or other				
13	services Other financial or non-	None			
	financial interests				
Dle	Please summarize the above conflict of interest in the following box:				

none			

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

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