

## ICMJE DISCLOSURE FORM

**Date:** 2/1/2024

**Your Name:** Dushyant Singh Dahiya

**Manuscript Title:** Evidence-Based Clinical Practice Guidelines For Cholelithiasis 2021

**Manuscript Number (if known):** HBSN-24-25

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 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.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

## ICMJE DISCLOSURE FORM

**Date:** 2/1/2024

**Your Name:** Antonio Facciorusso

**Manuscript Title:** Evidence-Based Clinical Practice Guidelines For Cholelithiasis 2021

**Manuscript Number (if known):** HBSN-24-25

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**Your Name:** Saurabh Chandan

**Manuscript Title:** Evidence-Based Clinical Practice Guidelines For Cholelithiasis 2021

**Manuscript Number (if known):** HBSN-24-25

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**Date:** 2/1/2024

**Your Name:** Amir Humza Sohail

**Manuscript Title:** Evidence-Based Clinical Practice Guidelines For Cholelithiasis 2021

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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:** 2/1/2024

**Your Name:** Manesh Kumar Gangwani

**Manuscript Title:** Evidence-Based Clinical Practice Guidelines For Cholelithiasis 2021

**Manuscript Number (if known):** HBSN-24-25

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 2/1/2024

**Your Name:** Gianluca Franchellucci

**Manuscript Title:** Evidence-Based Clinical Practice Guidelines For Cholelithiasis 2021

**Manuscript Number (if known):** HBSN-24-25

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## ICMJE DISCLOSURE FORM

**Date:** 2/1/2024

**Your Name:** Benedetto Mangiavillano

**Manuscript Title:** Evidence-Based Clinical Practice Guidelines For Cholelithiasis 2021

**Manuscript Number (if known):** HBSN-24-25

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