2021.2.20	
Your Name:Li N	eizi_
Manuscript Title:	Peripancreatic Vascular Involvement in Patients with Type 1 Autoimmune Pancreatitis
Manuscript number	(if known): HBSN-21-82

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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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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		
8	Patents planned, issued or pending	None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non- financial interests	None		
Ple	Please summarize the above conflict of interest in the following box:			

No conflict of interest to declare.				

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

Date:_2021.2.20
Your Name:Bai Xiaoyin
Manuscript Title: Peripancreatic Vascular Involvement in Patients with Type 1 Autoimmune Pancreatitis
Manuscript number (if known): HBSN-21-82_

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None
	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 group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

No conflict of interest to declare.					

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

Date:_2021.3.26
Your Name:Xu Kai
Manuscript Title: Peripancreatic Vascular Involvement in Patients with Type 1 Autoimmune Pancreatitis
Manuscript number (if known): HBSN-21-82

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4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None
	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 group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

No conflict of interest to declare.					

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

Date:_2021.2.23
Your Name:Wu Xi
Manuscript Title: Peripancreatic Vascular Involvement in Patients with Type 1 Autoimmune Pancreatitis
Manuscript number (if known): HBSN-21-82

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4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None
	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 group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

No conflict of interest to declare.		

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

Date:_2021.2.23
Your Name:Guo Tao
Manuscript Title: Peripancreatic Vascular Involvement in Patients with Type 1 Autoimmune Pancreatitis
Manuscript number (if known): HBSN-21-82

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4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None
	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 group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

No conflict of interest to declare.		

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

Date:_2021.2.21
Your Name:Jiang Qingwei
Manuscript Title: Peripancreatic Vascular Involvement in Patients with Type 1 Autoimmune Pancreatitis
Manuscript number (if known): HBSN-21-82

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	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 group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

No conflict of interest to declare.	No conflict of interest to declare.			

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

Date:_2021.2.22
Your Name:Wang Qiang
Manuscript Title: Peripancreatic Vascular Involvement in Patients with Type 1 Autoimmune Pancreatitis
Manuscript number (if known): HBSN-21-82_

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	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 group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

No conflict of interest to declare.				

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

Date:_2021.2.23
Your Name:Zhang Shenyu
Manuscript Title: Peripancreatic Vascular Involvement in Patients with Type 1 Autoimmune Pancreatitis
Manuscript number (if known): HBSN-21-82_

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4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None
	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 group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

No conflict of interest to declare.					

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

Date:_2021.2.22
Your Name:Yang Yingyun
Manuscript Title: Peripancreatic Vascular Involvement in Patients with Type 1 Autoimmune Pancreatitis
Manuscript number (if known): HBSN-21-82_

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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
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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	

No conflict of interest to declare.					

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

Date:_2021.2.22
Your Name:Feng Yunlu
Manuscript Title: Peripancreatic Vascular Involvement in Patients with Type 1 Autoimmune Pancreatitis
Manuscript number (if known): HBSN-21-82_

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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 group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

No conflict of interest to declare.		

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

Date:_2021.2.20
Your Name:Yang Aiming
Manuscript Title: Peripancreatic Vascular Involvement in Patients with Type 1 Autoimmune Pancreatitis
Manuscript number (if known): HBSN-21-82_

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4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
′	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	
10	in other board, society,	Hone	
	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		
	services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

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