Date:\_\_\_\_\_August 25<sup>th</sup>, 2022\_\_\_\_ Your Name:\_\_\_Qingfan Yang\_\_ Manuscript Title:\_\_\_\_\_Lipidomics reveals significant alterations associated with exclusive enteral nutrition treatment in adult patients with active Crohn's disease\_\_\_\_ 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> <u>manuscript only</u>.

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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.) <b>No time limit for this item.</b>	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ŭ	testimony		
	testimony		
7	Compared from other allows	V. Nove	
7	Support for attending meetings and/or travel	XNone	
	Ŭ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Dessint of any invest	V. Norse	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:\_\_\_\_\_August 25<sup>th</sup>, 2022\_\_\_\_ Your Name:\_\_\_Zicheng Huang\_\_ Manuscript Title:\_\_\_\_\_Lipidomics reveals significant alterations associated with exclusive enteral nutrition treatment in adult patients with active Crohn's disease\_\_\_\_ 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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ŭ	testimony		
	testimony		
7	Compared from other allows	V. Nove	
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Dessint of any invest	V. Norse	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:\_\_\_\_\_August 25<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_Na Diao\_\_\_ Manuscript Title:\_\_\_\_\_Lipidomics reveals significant alterations associated with exclusive enteral nutrition treatment in adult patients with active Crohn's disease\_\_\_\_ 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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
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7	Compared from other allows	V. Nove	
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Dessint of any invest	V. Norse	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:\_\_\_\_\_August 25<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_Jian Tang\_\_ Manuscript Title:\_\_\_\_\_Lipidomics reveals significant alterations associated with exclusive enteral nutrition treatment in adult patients with active Crohn's disease\_\_\_\_ 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.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
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	testimony		
7	Compared from other allows	V. Nove	
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Dessint of any invest	V. Norse	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:\_\_\_\_\_August 25<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_Xia Zhu\_\_\_ Manuscript Title:\_\_\_\_\_Lipidomics reveals significant alterations associated with exclusive enteral nutrition treatment in adult patients with active Crohn's disease\_\_\_\_ 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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

-			
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ŭ	testimony		
	testimony		
7	Compared from other allows	V. Nove	
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Dessint of any invest	V. Norse	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:\_\_\_\_\_August 25<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_Qin Guo\_\_\_ Manuscript Title:\_\_\_\_\_Lipidomics reveals significant alterations associated with exclusive enteral nutrition treatment in adult patients with active Crohn's disease\_\_\_\_ 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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ŭ	testimony		
	testimony		
7	Compared from other allows	V. Nove	
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Dessint of any invest	V. Norse	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:\_\_\_\_\_August 25<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_Kang Chao\_\_\_ Manuscript Title:\_\_\_\_\_Lipidomics reveals significant alterations associated with exclusive enteral nutrition treatment in adult patients with active Crohn's disease\_\_\_\_\_ Manuscript number (if known):\_\_\_\_\_

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5    Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events   XNone      6    Payment for expert testimony   XNone      7    Support for attending meetings and/or travel   XNone      8    Patents planned, issued or pending   XNone      9    Participation on a Data   XNone
lectures, presentations, speakers bureaus, manuscript writing or educational events
lectures, presentations, speakers bureaus, manuscript writing or educational events
speakers bureaus, manuscript writing or educational events
speakers bureaus, manuscript writing or educational events   XNone      6    Payment for expert testimony   XNone      7    Support for attending meetings and/or travel   XNone      8    Patents planned, issued or pending   XNone
manuscript writing or educational events   XNone      6    Payment for expert testimony   XNone      7    Support for attending meetings and/or travel   XNone      8    Patents planned, issued or pending   XNone
educational events   XNone      6    Payment for expert testimony   XNone      7    Support for attending meetings and/or travel   XNone      8    Patents planned, issued or pending   XNone      9   XNone
6    Payment for expert testimony   XNone      7    Support for attending meetings and/or travel   XNone      8    Patents planned, issued or pending   XNone
testimony
7    Support for attending meetings and/or travel   XNone      8    Patents planned, issued or pending   XNone
8  Patents planned, issued or pending      1      1
8  Patents planned, issued or pending      1      1
8  Patents planned, issued or pending
pending
pending
pending
9 Participation on a Data X None
9 Participation on a Data X None
Safety Monitoring Board or
Advisory Board
10 Leadership or fiduciary roleX_None
in other board, society,
committee or advocacy
group, paid or unpaid
11  Stock or stock options  _X_None
12 Descint of equipment V Mana
12 Receipt of equipment,X_None
materials, drugs, medical
writing, gifts or other
services
services    13  Other financial or non-   X_None

None.

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

Date:\_\_\_\_\_August 25<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Xiang Gao\_\_\_ Manuscript Title:\_\_\_\_\_Lipidomics reveals significant alterations associated with exclusive enteral nutrition treatment in adult patients with active Crohn's disease\_\_\_\_\_ Manuscript number (if known):\_\_\_\_\_

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5    Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events   XNone      6    Payment for expert testimony   XNone      7    Support for attending meetings and/or travel   XNone      8    Patents planned, issued or pending   XNone      9    Participation on a Data   XNone
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speakers bureaus, manuscript writing or educational events   XNone      6    Payment for expert testimony   XNone      7    Support for attending meetings and/or travel   XNone      8    Patents planned, issued or pending   XNone
manuscript writing or educational events   XNone      6    Payment for expert testimony   XNone      7    Support for attending meetings and/or travel   XNone      8    Patents planned, issued or pending   XNone
educational events   XNone      6    Payment for expert testimony   XNone      7    Support for attending meetings and/or travel   XNone      8    Patents planned, issued or pending   XNone      9   XNone
6    Payment for expert testimony   XNone      7    Support for attending meetings and/or travel   XNone      8    Patents planned, issued or pending   XNone
testimony
7    Support for attending meetings and/or travel   XNone      8    Patents planned, issued or pending   XNone
8  Patents planned, issued or pending      1      1
8  Patents planned, issued or pending      1      1
8  Patents planned, issued or pending
pending
pending
pending
9 Participation on a Data X None
9 Participation on a Data X None
Safety Monitoring Board or
Advisory Board
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in other board, society,
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group, paid or unpaid
11  Stock or stock options  _X_None
12 Descint of equipment V Mana
12 Receipt of equipment,X_None
materials, drugs, medical
writing, gifts or other
services
services    13  Other financial or non-   X_None

None.

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