| Date: _14/9/2022 |
|---|
| Your Name: _Jingwei Zhang |
| Manuscript Title: _ Combined electronic medical records and gene polymorphism characteristics to establish an anti- |
| tuberculosis drug-induced hepatic injury (ATDH) prediction model and evaluate the prediction value |
| 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 manuscript only</u>.

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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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 | |

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|----|------------------------------|------|---|
| | | | |
| 5 | lectures, presentations, | None | |
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 8 | Detents planned issued or | None | |
| ٥ | Patents planned, issued or | None | |
| | pending | | |
| | 5 | | |
| 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 | |
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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 | | |
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Please summarize the above conflict of interest in the following box:

| None. | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: _14/9/2022 |
|---|
| Your Name: _Wei Zhou |
| Manuscript Title: _ Combined electronic medical records and gene polymorphism characteristics to establish an anti- |
| tuberculosis drug-induced hepatic injury (ATDH) prediction model and evaluate the prediction value |
| Manuscript number (if known): |

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| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | |
|------|----------------------------|---------------------------|----------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid | Nana | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| 12 | materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the | following box: |
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| None. | | | | |
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| Date: _14/9/2022 |
|---|
| Your Name: _Shijie Ma |
| Manuscript Title: _ Combined electronic medical records and gene polymorphism characteristics to establish an anti- |
| tuberculosis drug-induced hepatic injury (ATDH) prediction model and evaluate the prediction value |
| 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). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | |
|--|--|------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 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 | | |
| 12 | services Other financial or non- | None | |
| 13 | Other financial or non- financial interests | None | |
| | illianciai interests | | |
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| Please summarize the above conflict of interest in the following box: None. | | | |

| Date: _14/9/2022 |
|---|
| Your Name: _Yuwei Kang |
| Manuscript Title: _ Combined electronic medical records and gene polymorphism characteristics to establish an anti- |
| tuberculosis drug-induced hepatic injury (ATDH) prediction model and evaluate the prediction value |
| 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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| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | None | |
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| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| | testimony | None | |
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| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| 10 | in other board, society, | None | |
| | 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 | | |
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| Please summarize the above conflict of interest in the following box: | | | |
| | | | |
| | None. | | |

| Date: _14/9/2022 |
|---|
| Your Name: _Wei Yang |
| Manuscript Title: _ Combined electronic medical records and gene polymorphism characteristics to establish an anti- |
| tuberculosis drug-induced hepatic injury (ATDH) prediction model and evaluate the prediction value |
| Manuscript number (if known): |

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| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | None | |
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| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| | testimony | None | |
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| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 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, | None | |
| | 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 | | |
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| Please summarize the above conflict of interest in the following box: | | | |
| | | | |
| | None. | | |

| Date: _14/9/2022 |
|---|
| Your Name: _Xiaodong Peng |
| Manuscript Title: _ Combined electronic medical records and gene polymorphism characteristics to establish an anti- |
| tuberculosis drug-induced hepatic injury (ATDH) prediction model and evaluate the prediction value |
| 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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| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | None | |
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| | | | |
| | | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | None | |
| | testimony | None | |
| | , | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 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, | None | |
| | 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 | | |
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| Please summarize the above conflict of interest in the following box: | | | |
| | | | |
| | None. | | |

| Date: _14/9/2022 |
|---|
| Your Name: _Yi Zhou |
| Manuscript Title: _ Combined electronic medical records and gene polymorphism characteristics to establish an anti- |
| tuberculosis drug-induced hepatic injury (ATDH) prediction model and evaluate the prediction value |
| Manuscript number (if known): |

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| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | |
|------|------------------------------|-------------------------------|-------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | Nama | |
| 6 | Payment for expert testimony | None | |
| | testimony | | |
| 7 | Support for attending | None | |
| , | meetings and/or travel | None | |
| | meetings and/or traver | | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
| 9 | Participation on a Data | None | |
| 9 | Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | 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 | | |
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| riea | ase summarize the above co | muct of interest in the fol | iowing pox: |
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| Date: _14/9/2022 |
|---|
| Your Name: _Fei Deng |
| Manuscript Title: _ Combined electronic medical records and gene polymorphism characteristics to establish an anti- |
| tuberculosis drug-induced hepatic injury (ATDH) prediction model and evaluate the prediction value |
| Manuscript number (if known): |

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| 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 | None | | | | |
|-----|---|------|--|--|--|--|
| | lectures, presentations, | | | | | |
| | speakers bureaus, | | | | | |
| | manuscript writing or | | | | | |
| _ | educational events | Nama | | | | |
| 6 | Payment for expert testimony | None | | | | |
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| 7 | Support for attending | None | | | | |
| , | meetings and/or travel | None | | | | |
| | meetings and/or traver | | | | | |
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| 8 | Patents planned, issued or | None | | | | |
| | pending | | | | | |
| 9 | Participation on a Data | None | | | | |
| 9 | Safety Monitoring Board or | None | | | | |
| | Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | None | | | | |
| 10 | 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 | | | | | |
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| DI. | Please summarize the above conflict of interest in the following box: | | | | | |
| rie | ricase summanze the above commit of interest in the following box. | | | | | |
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| ' | NOTIC. | | | | | |