

ICMJE DISCLOSURE FORM

Date: September 29, 2022

Your Name: Jin-Yu Li

Manuscript Title: Ethnic-specific variations of the right posterior portal vein identified radiologically in 1003 Chinese patients

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			
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Please summarize the above conflict of interest in the following box:

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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: September 29, 2022

Your Name: Wei-Dong Dai

Manuscript Title: Ethnic-specific variations of the right posterior portal vein identified radiologically in 1003 Chinese patients

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ICMJE DISCLOSURE FORM

Date: September 29, 2022

Your Name: Ji-Xiong Hu

Manuscript Title: Ethnic-specific variations of the right posterior portal vein identified radiologically in 1003 Chinese patients

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ICMJE DISCLOSURE FORM

Date: September 29, 2022

Your Name: Jiang-Sheng Huang

Manuscript Title: Ethnic-specific variations of the right posterior portal vein identified radiologically in 1003 Chinese patients

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ICMJE DISCLOSURE FORM

Date: September 29, 2022

Your Name: Xian-Ling Liu

Manuscript Title: Ethnic-specific variations of the right posterior portal vein identified radiologically in 1003 Chinese patients

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Date: September 29, 2022

Your Name: Man-Jun Xiao

Manuscript Title: Ethnic-specific variations of the right posterior portal vein identified radiologically in 1003 Chinese patients

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Your Name: En-Hua Xiao

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Date: September 29, 2022

Your Name: Ya-Jun Li

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Date: September 29, 2022

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4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:

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.