

ICMJE DISCLOSURE FORM

Date: 2021/12/27

Your Name: Yuying Shi

Manuscript Title: Clinical study on the effectiveness and safety of loose combined cutting seton in the treatment of high perianal abscess: a randomized controlled trial protocol

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 current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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

Dr. Shi has nothing to disclose.

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: 2021/12/27

Your Name: Lihua Zheng

Manuscript Title: Clinical study on the effectiveness and safety of loose combined cutting seton in the treatment of high perianal abscess: a randomized controlled trial protocol

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/12/27

Your Name: Xin Li

Manuscript Title: Clinical study on the effectiveness and safety of loose combined cutting seton in the treatment of high perianal abscess: a randomized controlled trial protocol

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/12/27

Your Name: Congcong Zhi

Manuscript Title: Clinical study on the effectiveness and safety of loose combined cutting seton in the treatment of high perianal abscess: a randomized controlled trial protocol

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/12/27

Your Name: Yicheng Cheng

Manuscript Title: Clinical study on the effectiveness and safety of loose combined cutting seton in the treatment of high perianal abscess: a randomized controlled trial protocol

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/12/27

Your Name: Jiaying Shan

Manuscript Title: Clinical study on the effectiveness and safety of loose combined cutting seton in the treatment of high perianal abscess: a randomized controlled trial protocol

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/12/27

Your Name: Yaxuan Sun

Manuscript Title: Clinical study on the effectiveness and safety of loose combined cutting seton in the treatment of high perianal abscess: a randomized controlled trial protocol

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/12/27

Your Name: Hongxin Guo

Manuscript Title: Clinical study on the effectiveness and safety of loose combined cutting seton in the treatment of high perianal abscess: a randomized controlled trial protocol

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/12/27

Your Name: Dun Liu

Manuscript Title: Clinical study on the effectiveness and safety of loose combined cutting seton in the treatment of high perianal abscess: a randomized controlled trial protocol

Manuscript number (if known): _____

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Date: 2021/12/27

Your Name: Yan Zhang

Manuscript Title: Clinical study on the effectiveness and safety of loose combined cutting seton in the treatment of high perianal abscess: a randomized controlled trial protocol

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