Date:	Oct. 25 th , 2021					
Your I	Name: Xiaofer	ng Yuan				
Manu	script Title: Causal	Associations Betwe	en the Changes of Lipic	Profiles and the Risk	of Gallstone Dis	ease: a Two
Samp	le Mendelian Rando	mization Study				
Manu	script number (if kr	nown):	ATM-21-4007			

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)	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.	XNone	
		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	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	g ,		
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	XNone	
12	Receipt of equipment,	X_None	
ĺ	materials, drugs, medical		
Ì	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:	Oct. 25 th	, 2021	
Your I	Name:	Haitian Chen	
Manu	script Title:	Causal Associations Between the Changes of Lipid Profiles and the Risk of Gallstone Disease: a	Two-
Samp	<u>le Mendeliar</u>	Randomization Study	
Manu	script numb	er (if known): <u>ATM-21-4007</u>	

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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	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	g ,		
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		
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11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
ĺ	materials, drugs, medical		
Ì	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:	Oct. 25 th	ⁿ , 2021	
Your I	Name:	Kaining Zeng	
Manu	script Title: <u>(</u>	Causal Associations Between the Changes of Lipid Profiles and the Risk of Gallstone Disease:	: a Two
Samp	le Mendelian	n Randomization Study	
Manu	script numbe	per (if known):ATM-21-4007	

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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	V No.	
6	Payment for expert	XNone	
<u> </u>	testimony		
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
j	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
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12	Receipt of equipment,	X_None	
i	materials, drugs, medical		
İ	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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None.			

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

Date:	Oct. 25 th ,	2021				_
Your I	Name:J	iagi Xiao				<u>-</u>
Manu	script Title: <u>C</u>	ausal Associations B	etween the Changes of Lip	id Profiles and the R	isk of Gallstone Dis	sease: a Two
Samp	<u>le Mendelian</u>	Randomization Stud	<u>v_</u>			
Manu	script numbe	er (if known):	ATM-21-4007			_

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4	Consulting fees	XNone	

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	speakers bureaus,		
	manuscript writing or		
_	educational events	V No.	
6	Payment for expert	XNone	
<u> </u>	testimony		
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	pending		
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
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j	committee or advocacy		
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11	Stock or stock options	XNone	
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12	Receipt of equipment,	X_None	
i	materials, drugs, medical		
İ	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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None.			

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

Date:	Oct. 25 ^{tl}	¹, 2021						_
Your I	Name:	Jiaqing Liu						
Manu	script Title:	Causal Associati	ons Between t	he Changes of Lipic	d Profiles and t	the Risk of (Gallstone D	isease: a Two
Samp	le Mendelia	n Randomizatior	n Study_					
Manu	script numb	er (if known):		ATM-21-4007				_

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V Name	
6	Payment for expert	XNone	
<u> </u>	testimony		
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7	Support for attending meetings and/or travel	XNone	
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	
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	group, paid or unpaid		
11	Stock or stock options	XNone	
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12	Receipt of equipment,	X_None	
i	materials, drugs, medical		
İ	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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None.			

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

Date:	Oct. 25 th , 2021		
Your	Name: <u>Guowang Lin</u>	1	
Manu	script Title: <u>Causal Assoc</u>	iations Between the Changes of Lipid Profiles and the Risk of Gallsto	ne Disease: a Two
Samp	<u>le Mendelian Randomiza</u>	tion Study_	
Manu	script number (if known)	:ATM-21-4007	

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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	V Name	
6	Payment for expert	XNone	
<u> </u>	testimony		
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7	Support for attending meetings and/or travel	XNone	
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	
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j	committee or advocacy		
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11	Stock or stock options	XNone	
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12	Receipt of equipment,	X_None	
i	materials, drugs, medical		
İ	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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None.			

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

Date:	Oct. 25 th	<u>, 2021</u>						
Your I	Name:	liebin Zhang						
Manu	script Title: <u>(</u>	<u> Causal Associatio</u>	ns Between th	e Changes of Lipic	l Profiles and th	ne Risk of Ga	allstone Disc	ease: a Two
Samp	le Mendeliar	Randomization S	Study					
Manu	script numbe	er (if known):		ATM-21-4007				

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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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_	Decime out on bone again for	V None	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V No.	
6	Payment for expert	XNone	
<u> </u>	testimony		
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
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11	Stock or stock options	XNone	
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12	Receipt of equipment,	X_None	
i	materials, drugs, medical		
İ	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
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None.			

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

Date:	Oct. 25 th , 2021				
Your I	Name: Tongy	ı Lu			
Manu	script Title: Causal	Associations Betw	veen the Changes of Lipid	Profiles and the Risk of	f Gallstone Disease: a Two-
Samp	le Mendelian Rand	omization Study			
Manu	script number (if k	nown):	ATM-21-4007		

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4	Consulting fees	XNone	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
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6	Payment for expert	XNone	
<u> </u>	testimony		
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
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12	Receipt of equipment,	X_None	
i	materials, drugs, medical		
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13	Other financial or non-	XNone	
	financial interests	_	
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None.			

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

Date:	Oct. 25 th , 2	.021				
Your I	Name: <u>Jia</u>	nye Cai				
Manu	script Title: <u>Ca</u>	usal Associations	Between the Changes of I	ipid Profiles and t	he Risk of Gallstone	Disease: a Two
Samp	<u>le Mendelian R</u>	andomization Stu	d <u>y</u>			
Manu	script number	(if known):	ATM-21-4007			

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6	Payment for expert	XNone	
<u> </u>	testimony		
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13	Other financial or non-	XNone	
	financial interests	_	
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None.			

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

Date:	Oct. 25 th , 2021		
Your I	Name: <u>Jia Yao</u>		
Manu	script Title: <u>Causal Associat</u>	ions Between the Changes of Lipid Profiles and the Ri	sk of Gallstone Disease: a Two-
Samp	<u>le Mendelian Randomizatio</u>	n Study_	
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<u> </u>	testimony		
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13	Other financial or non-	XNone	
	financial interests	_	
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None.			

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

Date:	Oct. 25 th , 2021		
Your I	Name: Yingcai Zha	ng	
Manu	script Title: <u>Causal Asso</u>	ciations Between the Changes of Lipid Profile	s and the Risk of Gallstone Disease: a Two
Samp	le Mendelian Randomiz	ation Study	
Manu	script number (if know	n):ATM-21-4007	

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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 initia	l 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.	XNone	
		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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_	Decimand on homographic for	V None	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V No.	
6	Payment for expert	XNone	
<u> </u>	testimony		
_		V N	
7	Support for attending meetings and/or travel	XNone	
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,		
j	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
	•		
12	Receipt of equipment,	X_None	
i	materials, drugs, medical		
İ	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
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None.			

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

Date:	Oct. 25 th ,	2021						
Your I	Name: X	in Sui						
Manu	script Title: <u>Ca</u>	ausal Associatio	ons Between th	ne Changes of Lipid	d Profiles and	the Risk of	Gallstone D	Disease: a Two
Sampl	le Mendelian	Randomization	Study					
Manu	script numbe	r (if known):		ATM-21-4007				

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			•
DI.		. (1) ()	fallanda a han

None.			

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

Date:	Oct. 25 th , 2021		
Your	Name: <u>Jinliang Liar</u>	ng .	
Manu	script Title: Causal Asso	ciations Between the Changes of Lipid Profiles and the Risk of Gal	Istone Disease: a Two
Samp	<u>le Mendelian Randomiz</u>	ation Study_	
Manu	script number (if knowr	n):ATM-21-4007	

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Ì	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:	Oct. 25 th , 2021		
Your I	Name: <u>Jun Zheng</u>		
Manu	script Title: Causal Associati	ons Between the Changes of Lipid Profiles and the R	<u>isk of Gallstone Disease: a Two-</u>
Samp	<u>le Mendelian Randomizatio</u>	<u>1 Study</u>	
Manu	script number (if known):	ATM-21-4007	

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