Da	te:Aug. 22 nd , 2022	_		
Yo	ur Name:Hualin Yan			
Ma	nuscript Title: A new	prediction tool based on s	hear wave elastography, gallbladder ultrasound and serun	n
bic	markers to early diagnose b	oiliary atresia in infants les	s than 60 days	
Ma	nuscript number (if known)): QIMS-2	2-324-R1	
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.	
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current	
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	• •	d in this manuscript without time limit. For all other items	š,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	I planning of the work	
1	All support for the present	XNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	36 months	
)	Grants or contracts from	X None		
_	any entity (if not indicated	NOTIC		

in item #1 above).

Consulting fees

Royalties or licenses

X__None

X__None

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	1	
Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
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Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
	X None	
occon or occon op none		
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Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

None.			

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

Da	ite:Aug. 22 nd , 2022	_		
Yo	ur Name:Juxian Liu			
Ma	anuscript Title: A new	prediction tool based on s	shear wave elastography, gallbladder ultrasound and ser	um
bic	omarkers to early diagnose b	oiliary atresia in infants les	s than 60 days	
	anuscript number (if known)			
rel to rel Th <u>ma</u>	ated to the content of your rties whose interests may be transparency and does not lationship/activity/interest, e following questions apply anuscript only.	manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do to the author's relationsh	Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current	ins
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	all relationships with manufacturers of antihypertensive	e
		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	I planning of the work	
L	All	Time frame: Since the initia	al planning of the work	
	All support for the present	XNone	al planning of the work	
	manuscript (e.g., funding,		al planning of the work	
	manuscript (e.g., funding, provision of study materials,		al planning of the work	
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	manuscript (e.g., funding, provision of study materials, medical writing, article		al planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		al planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		al planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)			
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	XNone Time frame: pas		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	XNone Time frame: pas		

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Consulting fees

X__None

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Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
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Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
	X None	
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Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

None.			

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

Da	te:Aug. 22 nd , 2022	_	
Yo	ur Name:Shuguang Jin	_	
Ma	nuscript Title: A new	prediction tool based on	shear wave elastography, gallbladder ultrasound and serum
bio	markers to early diagnose b	oiliary atresia in infants le	ss than 60 days
Ma	nuscript number (if known)	: QIMS-2	22-324-R1
In t	the interest of transparency	, we ask you to disclose a	Il relationships/activities/interests listed below that are
rel	ated to the content of your	manuscript. "Related" me	eans any relation with for-profit or not-for-profit third
pai	rties whose interests may be	e affected by the content	of the manuscript. Disclosure represents a commitment
to	transparency and does not i	necessarily indicate a bias	s. If you are in doubt about whether to list a
rel	ationship/activity/interest,	it is preferable that you d	o so.
The	e following questions apply	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
ma	nuscript only.		
The	e author's relationships/act	ivities/interests should be	e <u>defined broadly</u> . For example, if your manuscript pertains
to	the epidemiology of hyperto	ension, you should declar	e all relationships with manufacturers of antihypertensive
me	dication, even if that medic	ation is not mentioned in	the manuscript.
In i	tem #1 below, report all su	pport for the work report	ed in this manuscript without time limit. For all other items,
the	time frame for disclosure i	s the past 36 months.	
		T	T- 10 1
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed)	
		Time frame: Since the initia	al planning of the work
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1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mine for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		

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Royalties or licenses

Consulting fees

X__None

X__None

	1	
Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
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Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
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Possint of aguinment	V None	
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Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

None.			

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

You Ma bio	te:Aug. 22 nd , 2022 ur Name:Lanxin Du inuscript Title: A new imarkers to early diagnose b inuscript number (if known)	prediction tool based on sh piliary atresia in infants less	
rel par to	ated to the content of your ries whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	e following questions apply	to the author's relationship	os/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in toport for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items
		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: pas	: 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

	1	
Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
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Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
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Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

None.			

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

Date:Aug. 22 nd , 2022
Your Name:Qi Wang
Manuscript Title: A new prediction tool based on shear wave elastography, gallbladder ultrasound and serum
biomarkers to early diagnose biliary atresia in infants less than 60 days
Manuscript number (if known): QIMS-22-324-R1
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.

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.

		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	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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Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
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Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
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committee or advocacy		
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Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

None.			

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

Da	te:Aug. 22 nd , 2022	_					
Yo	ur Name:Yan Luo						
Manuscript Title: A new prediction tool based on shear wave elastography, gallbladder ultrasound and serum							
bio	omarkers to early diagnose b	oiliary atresia in infants les	s than 60 days				
Ma	anuscript number (if known)	: QIMS-22	2-324-R1				
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" means affected by the content of the content of the cessarily indicate a bias. It is preferable that you do not to the author's relationship in the cesson, you should declare that it is not mentioned in the poort for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript perta all relationships with manufacturers of antihypertensi	ains ve			
		Name all entities with	Specifications/Comments				
		whom you have this	(e.g., if payments were made to you or to your				
		relationship or indicate	institution)				
		none (add rows as					
		needed)					
		Time frame: Since the initia	planning of the work				
1	All support for the present	XNone					
	manuscript (e.g., funding,						
	provision of study materials,						
	medical writing, article						
	processing charges, etc.) No time limit for this item.						
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	No time limit for this item.						
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2	Grants or contracts from	Time frame: pastXNone	36 months				
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Consulting fees

X__None

	1	
Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
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Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
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committee or advocacy		
group, paid or unpaid		
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Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

None.			

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