Da	te:_Jan.9, 2023		
	ur Name:_Yiming Liu		
	· —	-	al forceps biopsy for patients with biliary stricture after
			e study
Ma	nuscript number (if known)):QIMS-22-915	
rel pa 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 poso.
	e following questions apply inuscript only.	to the author's relationsh	ips/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	• •	ed 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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	al planning of the work
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	processing charges, etc.)		
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		Time frame: past	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

_X__None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	ease summarize the above o	onflict of interest in the	following box:

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

Date:_Jan.9, 2023
Your Name:_Xueliang Zhou
Manuscript Title:_Percutaneous transhepatic intraluminal forceps biopsy for patients with biliary stricture afte
endoscopic retrograde approach failures: a retrospective study
Manuscript number (if known): QIMS-22-915

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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. Nava	
6	Payment for expert testimony	XNone	
	testimony		
7	Consent for other disc	V. Nana	
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,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	xNone	
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	ase summarize the above o	onflict of interest in the fo	Illowing box:
Dla	assa place an "Y" poyt to the	a fallowing statement to i	adicate vous agrooments

Date:_Jan.9, 2023
Your Name:_Lingjian Kong
Manuscript Title:_Percutaneous transhepatic intraluminal forceps biopsy for patients with biliary stricture after
endoscopic retrograde approach failures: a retrospective study
Manuscript number (if known):QIMS-22-915

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6	Payment for expert testimony	XNone	
	testimony		
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	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	xNone	
	illianciai interests		
	ase summarize the above o	onflict of interest in the fo	Illowing box:
Dla	assa place an "Y" poyt to the	a fallowing statement to i	adicate vous agrooments

Date:_Jan.9, 2023
Your Name:_Xinwei Han
Manuscript Title:_Percutaneous transhepatic intraluminal forceps biopsy for patients with biliary stricture after
endoscopic retrograde approach failures: a retrospective study
Manuscript number (if known):QIMS-22-915

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	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
0	Dankininakian ana Daka	V None	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
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	·		
12	Receipt of equipment,	XNone	
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13	Other financial or non-	XNone	
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	None.	onflict of interest in the f	following box:
Dla	ase place an "X" next to the	a following statement to	indicate your agreement:

	nte:_Jan.9, 2023		
	ur Name:_Dechao Jiao		
	· —	-	al forceps biopsy for patients with biliary stricture after
			e study
Ma	anuscript number (if known)):QIMS-22-915	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans 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 anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
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		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)
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_		Time frame: pas	t 36 months
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	any entity (if not indicated		<u> </u>
2	in item #1 above).	V None	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	I I

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
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