Date:		•	11/25/2021			
You	r Name:		Min Deng			
Manuscript Title:			Click or tap here to enter text.			
Mar	nuscript Number (if I	known):	Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activities		ript. "Rela of the mar e in doubt os/activitie ension, you entioned	e ask you to disclose all relationships/activities/interests listed below that are related to the sted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the a should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.			
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time		
			l entities with whom you have this ship 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		
	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.	This wo	one  ork was supported by the General Research g from the Research Grants Council of the ong Special Administrative Region, China t No. CUHK 14206716; No. CUHK 411811].	Click the tab key to add additional rows.		
			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Nor	ne			
3	Royalties or licenses	⊠ No	one			

			mments (e.g., if payments were your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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.			

Date:		11/25/2021			
You	r Name:	Qianyun Chen	Qianyun Chen		
Manuscript Title:		Click or tap here to enter text.	Click or tap here to enter text.		
Mai	nuscript Number (if kı	vn): Click or tap here to enter text.			
con affe indi The epic that	tent of your manuscrip cted by the content of cate a bias. If you are author's relationships demiology of hypertent medication is not me	cy, we ask you to disclose all relationships/activities/interests listed below that are related to the "Related" means any relation with for-profit or not-for-profit third parties whose interests may be emanuscript. Disclosure represents a commitment to transparency and does not necessarily doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  ctivities/interests should be defined broadly. For example, if your manuscript pertains to the n, you should declare all relationships with manufacturers of antihypertensive medication, even if oned in the manuscript.  upport for the work reported in this manuscript without time limit. For all other items, the time ast 36 months.			
		me all entities with whom you have this ationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution)	vere		
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		11/25/2021		
You	r Name:	Qiao Deng		
Manuscript Title:		Click or tap here to enter text.		
Mai	nuscript Number (if kn	vn): Click or tap here to enter text.		
con affe indi The epic that	tent of your manuscrip cted by the content of cate a bias. If you are author's relationships demiology of hypertens t medication is not men	cy, we ask you to disclose all relationships/activities/interests listed below that are related to the "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  Controlled the commitment to transparency and does not necessarily doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  Controlled the commitment to transparency and does not necessarily doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  Controlled the commitment to transparency and does not necessarily doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  Controlled the commitment to transparency and does not necessarily doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  Controlled the commitment to transparency and does not necessarily doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  Controlled the commitment to transparency and does not necessarily doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  Controlled the commitment to transparency and does not necessarily doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  Controlled the commitment to transparency and does not necessarily doubt about whether to list a relationship/activity/interest, it is preferable that you do so.		
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Date:			11/25/2021			
You	r Name:		Lin Shi			
Manuscript Title:			Click or tap here to enter text.			
Mar	nuscript Number (if I	known):	Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doubt The author's relationships/activitie		ript. "Rela of the man e in doubt os/activition ension, you	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer about whether to list a relationship/activity/ es/interests should be defined broadly. For e u should declare all relationships with manufa	/interest, it is preferable that you do so.		
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Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		-	11/25/2021		
You	r Name:	-	Cherry Cheuk Nam Cheng		
Manuscript Title:		-	Click or tap here to enter text.		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		ript. "Rela of the mar e in doubt os/activitie nsion, you entioned i all suppor	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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4	Consulting fees	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:		11/25/2021
Your Name:		Kwong Hang Yeung
Manuscript Title:		Click or tap here to enter text.
Mai	nuscript Number (if k	nown): Click or tap here to enter text.
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		all support for the work reported in this manuscript without time limit. For all other items, the time
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		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None — — — — — — — — — — — — — — — — — — —
3	Royalties or licenses	None None

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:		11/25/2021			
Your Name:		Rong Li Zhang	Rong Li Zhang		
Manuscript Title:		Click or tap here to enter text.			
Mai	nuscript Number (if k	own): Click or tap here to enter text.			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		Il support for the work reported in this manuscript without time limit. For all other items, the time			
		Name all entities with whom you have this specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution)	9		
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3	Royalties or licenses	None			

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4	Consulting fees	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		12/20/2021	12/20/2021		
Your Name:		Wai Ping Fiona Yu	Wai Ping Fiona Yu		
Manuscript Title:			Statistical Changes of Lung Morphology in Patients with Adolescent Idiopathic Scoliosis after Spinal Fusion Surgery — A Prospective Study based on Low-Dose Biplanar X-ray Imaging		
Maı	nuscript Number (if k	nown): Click or tap here to enter text.			
con affe indi The epic that	tent of your manuscricted by the content ocate a bias. If you are author's relationship demiology of hyperters medication is not me	rency, we ask you to disclose all relationships/activiti ipt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitmer in doubt about whether to list a relationship/activity os/activities/interests should be defined broadly. For ansion, you should declare all relationships with manuscript.  all support for the work reported in this manuscript we past 36 months.	ent to transparency and does not necessarily y/interest, it is preferable that you do so.  example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 mont  ☑ None	hs		

			pecifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
6	Payment for expert testimony	None □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     ■	

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13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:		11/25/2021
Your Name:		Tsz Ping Lam
Manuscript Title:		Click or tap here to enter text.
Ma	nuscript Number (if k	nown): Click or tap here to enter text.
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		all support for the work reported in this manuscript without time limit. For all other items, the time
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13	Other financial or non-financial interests		None	
Please place an "X" next to the following statement to indicate your agreement:				

Date:		11/25/2021		
Your Name:		Jack Chun Yiu Cheng		
Manuscript Title:		Click or tap here to enter text.		
Mar	nuscript Number (if kr	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		support for the work reported in this manuscript without time limit. For all other items, the time		
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13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:		11/25/2021		
Your Name:		Winnie Chiu Wing Chu		
Manuscript Title:		Click or tap here to enter text.		
Mai	nuscript Number (if k	nown): Click or tap here to enter text.		
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