

ICMJJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: [Nobuyuki Higashino]

Manuscript Title: [Transcatheter arterial embolization using n-butyl cyanoacrylate–Lipiodol mixture and metallic coils in a patient with biliary hemorrhage after removing a bile duct metallic stent: a case description]

Manuscript Number (if known): [Click or tap here to enter text.]

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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.

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Date: 5/2/2022

Your Name: [Tetsuo Sonomura]

Manuscript Title: [Transcatheter arterial embolization using n-butyl cyanoacrylate–Lipiodol mixture and metallic coils in a patient with biliary hemorrhage after removing a bile duct metallic stent: a case description]

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 5/2/2022

Your Name: [Ryuta Okuhira]

Manuscript Title: [Transcatheter arterial embolization using n-butyl cyanoacrylate–Lipiodol mixture and metallic coils in a patient with biliary hemorrhage after removing a bile duct metallic stent: a case description]

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 5/2/2022

Your Name: [Akira Ikoma]

Manuscript Title: [Transcatheter arterial embolization using n-butyl cyanoacrylate–Lipiodol mixture and metallic coils in a patient with biliary hemorrhage after removing a bile duct metallic stent: a case description]

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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: 5/2/2022

Your Name: [Naoki Taniguchi]

Manuscript Title: [Transcatheter arterial embolization using n-butyl cyanoacrylate–Lipiodol mixture and metallic coils in a patient with biliary hemorrhage after removing a bile duct metallic stent: a case description]

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: [Kodai Fukuda]

Manuscript Title: [Transcatheter arterial embolization using n-butyl cyanoacrylate–Lipiodol mixture and metallic coils in a patient with biliary hemorrhage after removing a bile duct metallic stent: a case description]

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: [Ryota Tanaka]

Manuscript Title: [Transcatheter arterial embolization using n-butyl cyanoacrylate–Lipiodol mixture and metallic coils in a patient with biliary hemorrhage after removing a bile duct metallic stent: a case description]

Manuscript Number (if known): [Click or tap here to enter text.]

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: [Atsufumi Kamisako]

Manuscript Title: [Transcatheter arterial embolization using n-butyl cyanoacrylate–Lipiodol mixture and metallic coils in a patient with biliary hemorrhage after removing a bile duct metallic stent: a case description]

Manuscript Number (if known): [Click or tap here to enter text.]

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.

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ICMJJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: [Takao Koyama]

Manuscript Title: [Transcatheter arterial embolization using n-butyl cyanoacrylate–Lipiodol mixture and metallic coils in a patient with biliary hemorrhage after removing a bile duct metallic stent: a case description]

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: [Hirotatsu Sato]

Manuscript Title: [Transcatheter arterial embolization using n-butyl cyanoacrylate–Lipiodol mixture and metallic coils in a patient with biliary hemorrhage after removing a bile duct metallic stent: a case description]

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: [Nobuyuki kawai]

Manuscript Title: [Transcatheter arterial embolization using n-butyl cyanoacrylate–Lipiodol mixture and metallic coils in a patient with biliary hemorrhage after removing a bile duct metallic stent: a case description]

Manuscript Number (if known): [Click or tap here to enter text.]

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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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.

ICMJJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: [Hiroki Minamiguchi]

Manuscript Title: [Transcatheter arterial embolization using n-butyl cyanoacrylate–Lipiodol mixture and metallic coils in a patient with biliary hemorrhage after removing a bile duct metallic stent: a case description]

Manuscript Number (if known): [Click or tap here to enter text.]

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 author’s relationships/activities/interests should be defined broadly. 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 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 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table> | | | | | | Click the tab key to add additional rows. |
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| | Click the tab key to add additional rows. | | | | | | | |
| Time frame: past 36 months | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | |
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|----|--|--|---|
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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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) |
|----|--|--|---|
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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