

ICMJE DISCLOSURE FORM

Date: 2022-10-25

Your Name: Zhe Wang

Manuscript Title: **Modified single-port laparoscopic choledochal cysts excision and Roux-en-Y hepaticojejunostomy: a retrospective comparative study**

Manuscript number (if known): _ ARES-EE25-JF-2209-2022-0823-1140

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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		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)
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

<p>The author has no conflicts of interest to declare.</p>
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X 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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