Date: August 1st, 2022

Your Name: Naiyana Aroonpruksakul

Manuscript Title: The actual duration of preoperative fasting in pediatric patients, and its effects on hunger

and thirst: A prospective observational study

Manuscript number TP-22-358

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</u> <u>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.

		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	_X_None	
	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
2	Grants or contracts from	_X_None	
	any entity (if not indicated in		
	item #1 above).		
3	Royalties or licenses	X_None	

4	Consulting fees	X_None	
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	_X_None	
	testimony		
-		V N	
7	Support for attending meetings and/or travel	_X_None	
	, and the second		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	<u>X</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	X_None	
12	Receipt of equipment,	X None	
14	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X _None	
	financial interests		

I don't have any relationships/activities/interests listed above that are related to the content of my manuscript.

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

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 2nd August 2022

Your Name: Wiruntri Punchuklang

Manuscript Title: The actual duration of preoperative fasting in pediatric patients, and its effects on hunger and thirst:

A prospective observational study. Manuscript number TP-22-358

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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated in		
	item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	X None	
4	Consulting rees	X_None	
_			
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	0		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

Please summarize the above conflict of interest in the following box:			
None.			
None.			

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

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

Date: August 1st, 2022 Your Name: Khanita Kasikan

Manuscript Title: The actual duration of preoperative fasting in pediatric patients, and its effects on

hunger and thirst: A prospective observational study

Manuscript number TP-22-358

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>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.

		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	x None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time from a most	26 m andha
		Time frame: past	36 months
2	Grants or contracts from	x None	
	any entity (if not indicated in		
	item #1 above).		
3	Royalties or licenses	x None	

4	Consulting fees	x None
-	D	
5	Payment or honoraria for lectures, presentations,	x None
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	x None
	testimony	
_		
7	Support for attending meetings and/or travel	x None
	, and the second	
8	Patents planned, issued or	x None
	pending	
9	Participation on a Data	x None
	Safety Monitoring Board or Advisory Board	
10	<u> </u>	v. Nana
10	Leadership or fiduciary role in other board, society,	x None
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	x None
10	D	
12	Receipt of equipment, materials, drugs, medical	x None
	writing, gifts or other	
	services	
13	Other financial or non-	x None
	financial interests	

Ple	Please summarize the above conflict of interest in the following box:		
No	one.		

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

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

Date: August 1st,2022

Your Name: Napatchanan Laotaweesuk

Manuscript Title: The actual duration of preoperative fasting in pediatric patients, and its effects on

hunger and thirst: A prospective observational study

Manuscript number TP-22-358

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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	x None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x None	
	any entity (if not indicated in		
	item #1 above).		
3	Royalties or licenses	x None	
	Consulting for a	Nama	
4	Consulting fees	x None	

5	Payment or honoraria for	x None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	x None	
	, and the second		
8	Patents planned, issued or	x None	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment,	× None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		

None.			

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

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

Date: August 1st,2022

Your Name: Patcharee Phoson

Manuscript Title: The actual duration of preoperative fasting in pediatric patients, and its effects on

hunger and thirst: A prospective observational study

Manuscript number TP-22-358

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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.	X None	planning of the work
		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	× None	
4	Consulting fees	x None	

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

None.			

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: 1st August 2022

Your Name: Rungrat Khongrod

Manuscript Title: The actual duration of preoperative fasting in pediatric patients and its effects on hunger

and thirst: A prospective observational study

Manuscript number TP-22-358

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	X None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	36 months
3	Royalties or licenses	<u>X</u> None	
4	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	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

None.			

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

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

Date: August 1st, 2022

Your Name: Taniga Kiatchai

Manuscript Title: The actual duration of preoperative fasting in pediatric patients, and its effects on hunger

and thirst: A prospective observational study Manuscript number (if known): TP-22-358

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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	X_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	_X_None	
	testimony		
7	Support for attending meetings and/or travel	_X_None	
	-		
8	Patents planned, issued or	_X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	<u>X</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
12	Descint of annique ent	X None	
12	Receipt of equipment, materials, drugs, medical	<u>X</u> None	
	writing, gifts or other		
	services		
13	Other financial or non-	_X_None	
	financial interests		

None.			

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