

ICMJE DISCLOSURE FORM

Date: NOVEMBER 5TH, 2022

Your Name: Sarah Yao

Manuscript Title: Early Metabolic Derangements and Unfavorable Outcomes in Pediatric Traumatic Brain Injury: A Retrospective Multi-Center Cohort Study

Manuscript number (if known): TP-22-443

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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4	Consulting fees	<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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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Date: NOVEMBER 5TH, 2022
 Your Name: Shu-Ling Chong
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 Your Name: John Carson Allen
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ICMJE DISCLOSURE FORM

Date: NOVEMBER 5TH, 2022

Your Name: Hongxing Dang

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Date: NOVEMBER 5TH, 2022

Your Name: Meixiu Ming

Manuscript Title: Early Metabolic Derangements and Unfavorable Outcomes in Pediatric Traumatic Brain Injury: A Retrospective Multi-Center Cohort Study

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Date: NOVEMBER 5TH, 2022
 Your Name: Lawrence C.N Chan
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Date: NOVEMBER 5TH, 2022

Your Name: Jian Ji

Manuscript Title: Early Metabolic Derangements and Unfavorable Outcomes in Pediatric Traumatic Brain Injury: A Retrospective Multi-Center Cohort Study

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Date: NOVEMBER 5TH, 2022

Your Name: Lijia Fan

Manuscript Title: Early Metabolic Derangements and Unfavorable Outcomes in Pediatric Traumatic Brain Injury: A Retrospective Multi-Center Cohort Study

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Date: NOVEMBER 5TH, 2022

Your Name: Hiroshi Kurosawa

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Date: NOVEMBER 5TH, 2022

Your Name: Jan Hau Lee

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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.	<u>__X__</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	

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

Please summarize the above conflict of interest in the following box:

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.