Date: March 23, 2023

any entity (if not indicated

\_X\_\_None

in item #1 above).

Royalties or licenses

You	r Name: <u>Pichaya Waita</u>	ıyawinyu	
Mar	nuscript Title: First Anesthe	sia Exposure Effects on S	hort-Term Neurocognitive Function among 1- to
36-r	month-old children: A Case	e-Control Pilot Study	
Mar	nuscript number (if known):	TP-22-673	
rela part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
pert	ains		lefined broadly. For example, if your manuscript
		• •	all relationships with manufacturers of ot mentioned in the manuscript.
item	•	,	in this manuscript without time limit. For all other
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed) Time frame: Since the initial	I planning of the work
4		1	, 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	Y None	

4	Consulting fees	XNone	
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	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Nana	
10	Leadership or fiduciary role in other board, society,	XNone	
	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-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:

None.

<b>Date:</b> 23 M	arch 2023
Your Name:	Taniga Kiatchai
Manuscript Tit	le: First Anesthesia Exposure Effects on Short-Term Neurocognitive Function among 1- to
36-month-old	children: A Case-Control Pilot Study

Manuscript number (if known): TP-22-673

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 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.

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)  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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	

4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	XNone
Ple	ase summarize the above co	onflict of interest in the following box:

None.

Date:	22 March 2023	
Your Na	ame: TANAPOP KIATPANOMPHAF	

**Manuscript Title**: First Anesthesia Exposure Effects on Short-Term Neurocognitive Function among 1- to 36-month-old children: A Case-Control Pilot Study

Manuscript number (if known): TP-22-673

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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)
		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.	XNone	
		Time frame: past	36 months
2		XNone	

	Grants or contracts from any entity (if not indicated in		
	item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
_			
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	XNone	
	,		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

# 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:

Date: 23rd March 2023

Your Name: Nachawan Gosiyaphant

Manuscript Title: First Anesthesia Exposure Effects on Short-Term Neurocognitive Function among 1- to

36-month-old children: A Case-Control Pilot Study

Manuscript number (if known): TP-22-673

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
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	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Nana	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:

None.

Date: 22 March 2023

in item #1 above).

Royalties or licenses

X\_None

Yo	ur Name: <u>Sirirat Rattar</u>	na-arpa	
Ma	nuscript Title: First Anesth	esia Exposure Effects on	Short-Term Neurocognitive Function among 1- to
36	-month-old children: A Ca	se-Control Pilot Study	
	nuscript number (if known)	•	
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rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
	e following questions apply inuscript only.	to the author's relationshi	ips/activities/interests as they relate to the <u>current</u>
pe	rtains		defined broadly. For example, if your manuscript
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ite	ms,	s the past 36 months.  Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
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ite	All support for the present	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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ite the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
ite the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
ite the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
ite the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
ite the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
ite the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)  I planning of the work
ite the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)  I planning of the work

4	Consulting fees	XNone			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
Ple	Please summarize the above conflict of interest in the following box:				

None.

Da	te: <u>22 March 2023</u>				
	ur Name: <u>Issada Jindav</u>				
Ma	nuscript Title: First Anesth	esia Exposure Effects on	Short-Term Neurocognitive Function among 1- to		
36	-month-old children: A Cas	se-Control Pilot Study			
Ma	nuscript number (if known)	: TP-22-673			
rel par to	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are elated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third earties 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 elationship/activity/interest, it is preferable that you do so.				
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
	e author's relationships/acti rtains	ivities/interests should be	defined broadly. For example, if your manuscript		
to	the epidemiology of hyperte	· •	all relationships with manufacturers of not mentioned in the manuscript.		
ite	tem #1 below, report all supms, e time frame for disclosure is		d in this manuscript without time limit. For all other		
		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 initia	planning of the work		
L	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.	XNone			
		Time frame: past	36 months		
2	Grants or contracts from	XNone			
	any entity (if not indicated in item #1 above).				

Royalties or licenses

X\_None

4	Consulting fees	XNone			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
Ple	Please summarize the above conflict of interest in the following box:				

None.

Dat	e: <u>19 March 202</u>	3	
You	r Name: TARIN	IEE BUASUK	
Maı	nuscript Title: First Anesthe	sia Exposure Effects on S	Short-Term Neurocognitive Function among 1- to
36-	month-old children: A Case	e-Control Pilot Study	
Maı	nuscript number (if known):	TP-22-673	
In t	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are
	-	•	ns any relation with for-profit or not-for-profit third
-		<u> </u>	f the manuscript. Disclosure represents a commitment
		-	If you are in doubt about whether to list a
rela	tionship/activity/interest, it	t is preferable that you do	so.
Tho	following questions annly t	a tha author's ralationshir	os/activities/interests as they relate to the <u>current</u>
	nuscript only.	o the author's relationship	os activities interests as they relate to the <u>current</u>
mai	iuscript omy.		
The	author's relationships/activ	rities/interests should be o	defined broadly. For example, if your manuscript
per	tains	_	
to t	he epidemiology of hyperte	nsion, you should declare	all relationships with manufacturers of
anti	hypertensive medication, e	ven if that medication is no	ot mentioned in the manuscript.
		port for the work reported	I in this manuscript without time limit. For all other
iten	<u>-</u>		
the	time frame for disclosure is	the past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	Il planning of the work
1	All support for the present	XNone	
	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

X\_\_None

X\_None

Grants or contracts from any entity (if not indicated

in item #1 above).

Royalties or licenses

4	Consulting fees	XNone			
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			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
10	Advisory Board	V. None			
10	Leadership or fiduciary role in other board, society,	XNone			
	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-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

None.

Da	te: <u>March, 18<sup>th</sup> 2023</u>					
	ur Name: <u>Pat Rojmaha</u>					
36	nuscript Title: First Anesth month-old children: A Cas nuscript number (if known)	se-Control Pilot Study	Short-Term Neurocognitive Function among 1- to			
rela par to	ated to the content of your ries whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.			
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>			
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ite	· ·		ed in this manuscript without time limit. For all other			
		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 initia	l 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.					
2	Grants or contracts from any entity (if not indicated	Time frame: pastXNone	36 months			

in item #1 above).

Royalties or licenses

X\_None

4	Consulting fees	XNone			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
Ple	Please summarize the above conflict of interest in the following box:				

None.			

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36-month-old children: A Case-Control Pilot Study Manuscript number (if known): TP-22-673  In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that a 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 commitme 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 current manuscript only.  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)  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.  Time frame: past 36 months  Time frame: past 36 months						
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In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that a 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 commitme 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 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.  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)  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.  Time frame: past 36 months  Time frame: past 36 months	36	6-month-old children: A Case-Control Pilot Study				
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Royalties or licenses

X\_\_None

4	Consulting fees	XNone			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
Ple	Please summarize the above conflict of interest in the following box:				

None.			