	te: <u>July. 21st, 2023</u>		
	ur Name: Neng-Li Wan		
			or identification of vanishing bile duct syndrome among
	ildren with acute cholest		
IVI	anuscript number (if known)): <u>1P-23-305</u>	
In	the interest of transparency	v. we ask vou to disclose a	II relationships/activities/interests listed below that are
		·	eans any relation with for-profit or not-for-profit third
ра	rties whose interests may b	e 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
rel	ationship/activity/interest,	it is preferable that you d	o so.
		to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
ma	anuscript only.		
Th	a author's relationships/act	ivitias/intarasts should be	e defined broadly. For example, if your manuscript pertains
			e all relationships with manufacturers of antihypertensive
	edication, even if that medic		•
In	item #1 below, report all su	pport for the work report	ed in this manuscript without time limit. For all other items,
the	e time frame for disclosure i	s the past 36 months.	
		Name all autities with	Superifications/Community
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	montationy
		needed)	
		Time frame: Since the initia	al 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: pas	t 36 months
2	Grants or contracts from	XNone	

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X_None

X__None

in item #1 above).

Royalties or licenses

Consulting fees

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
J	testimony		
	•		
7	Support for attending meetings and/or travel	XNone	
	3		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
4.4		V N	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	^_NUITE	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Da	te: <u>July. 21st, 2023</u>			
	ur Name: <u>Lian Chen</u>			
Ma	anuscript Title:Non	-invasive biomarkers fo	or identification of vanishing bile duct syndrome amo	ng
	ildren with acute cholest			
Ma	anuscript number (if known)	: TP-23-305		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans 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 anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,	
		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	al planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone		
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	X None		

any entity (if not indicated

X_None

X__None

in item #1 above).

Royalties or licenses

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
J	testimony		
	•		
7	Support for attending meetings and/or travel	XNone	
	3		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
4.4		V N	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	^_NUITE	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Da	te: <u>July. 21st, 2023</u>			
	ur Name: <u>Jing Lin</u>			
			or identification of vanishing bile duct syndrome a	among
		-		
Mi	anuscript number (if known)	: <u>TP-23-305</u>		_
rel pa to rel Th ma Th to me	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medications	manuscript. "Related" me e affected by the content of necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare eation is not mentioned in	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript perta all relationships with manufacturers of antihypertensi	ains ive
		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	al planning of the work	
1	All support for the present	X None		
1	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	XNone		

any entity (if not indicated

X_None

X__None

in item #1 above).

Royalties or licenses

Consulting fees

3

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
J	testimony		
	•		
7	Support for attending meetings and/or travel	XNone	
	3		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
4.4		V N	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	^_NUITE	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Yo Ma ch	te:July. 21 st , 2023 ur Name:Yi Lu anuscript Title:Non ildren with acute cholesta anuscript number (if known)	atic hepatitis	or identification of vanishing bile duct syndrome amon	ıg
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 muscript only.	to the author's relationshi	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	ed in this manuscript without time limit. For all other items,	
		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 needed)	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.	XNone		

Time frame: past 36 months

X__None

X_None

X__None

Grants or contracts from

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Royalties or licenses

Consulting fees

any entity (if not indicated

2

3

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
J	testimony		
	•		
7	Support for attending meetings and/or travel	XNone	
	3		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
4.4		V N	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	^_NUITE	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

You Ma chi	te:July. 21 st , 2023 ur Name:Wei-Yuan Fa unuscript Title:Non ildren with acute cholest: unuscript number (if known)	-invasive biomarkers fo atic hepatitis	r identification of vanishing bile duct syndrome a	mong
rela pai to	ated to the content of your ries whose interests may be	manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	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 so.	
The to me	nuscript only. e author's relationships/act the epidemiology of hyperto dication, even if that medic	ivities/interests should be ension, you should declare ation is not mentioned in t pport for the work reporte	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertai all relationships with manufacturers of antihypertensiv the manuscript. d in this manuscript without time limit. For all other ite	re
		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

X__None

X_None

X__None

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4

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
J	testimony		
	•		
7	Support for attending meetings and/or travel	XNone	
	3		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
4.4		V N	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

		ICIVIJE DISC	LUSURE FURIVI
Da	te: July. 21 st , 2023		
	ur Name: Xin-Bao Xie		
			or identification of vanishing bile duct syndrome amo
		tatic hepatitis	
	anuscript number (if know		
rel pa to	ated to the content of you rties whose interests may l transparency and does not	r manuscript. "Related" me be affected by the content	Il relationships/activities/interests listed below that are cans 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 appl nuscript only.	y to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to	the epidemiology of hyper		defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all so e time frame for disclosure		ed in this manuscript without time limit. For all other items
		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 initial	al planning of the work
	All support for the present	X None	
	manuscript (e.g., funding,		

Time frame: past 36 months

X_None

X_None

X_None

provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

any entity (if not indicated

2

3

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
J	testimony		
	•		
7	Support for attending meetings and/or travel	XNone	
	3		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
4.4		V N	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

ICMJE DISCLOSURE FORM	
Date:July. 21 st , 2023	
Your Name: Jian-She Wang	
Manuscript Title:Non-invasive biomarkers for identification of vanishing bile duct children with acute cholestatic hepatitis	syndrome among
Manuscript number (if known): TP-23-305	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed be related to the content of your manuscript. "Related" means any relation with for-profit or not-for-parties whose interests may be affected by the content of the manuscript. Disclosure represents a 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.	profit third commitment
The following questions apply to the author's relationships/activities/interests as they relate to the manuscript only.	e <u>current</u>
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your man to the epidemiology of hypertension, you should declare all relationships with manufacturers of an 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 the time frame for disclosure is the past 36 months.	or all other items,
Name all entities with Specifications/Comments	

		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	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	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

None.

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