You Ma bio	Date:Aug. 07 <sup>th</sup> , 2021 Your Name: Gedong Ming Manuscript Title: Identification and evaluation of fructose-bisphosphate aldolase B as a potential diagnostic biomarker in choledochal cysts patients: a quantitative proteomic analysis Manuscript number (if known): TP-21-36				
rela par to t	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.				
	e following questions apply nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</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)	Specifications/Comments (e.g., if payments were made to you or to your institution)		

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	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	XNone	
	meetings and/or travel		
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		
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- financial interests	X None	
	ase summarize the above co	onflict of interest in the fo	ellowing box:
Dla	ase place an "Y" next to the	following statement to i	adicata your agraament

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Yo Ma bio	te:Aug. 07 <sup>th</sup> , 2021 ur Name: Wanliang Guo anuscript Title: Identif omarker in choledochal cyst anuscript number (if known)	ication and evaluation of t s patients: a quantitative p	<del></del>		
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	I 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.		
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Consulting fees

X\_\_None

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form.

Date:\_\_\_\_Aug. 07<sup>th</sup>, 2021\_

Consulting fees

\_X\_\_None

Your Name: Yuan Cheng					
Manuscript Title: Identification and evaluation of fructose-bisphosphate aldolase B as a potential diagnostic					
	biomarker in choledochal cysts patients: a quantitative proteomic analysis				
M	anuscript number (if known)	: TP-21-36			
re pa to	lated to the content of your irties 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.		
	ne following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
to	• •	ension, you should declare	defined broadly. For example, if your manuscript pertainally relationships with manufacturers of antihypertensive the manuscript.		
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other ite	ms,	
		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	l planning of the work		
1	All support for the present	X None			
L	manuscript (e.g., funding,	XNOTIE			
	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	Time frame: past	36 months		
2	any entity (if not indicated	•	36 months		
2		•	36 months		

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form.

Da	te:Aug. 07 <sup>th</sup> , 2021	_			
Yo	ur Name: Jian Wang				
Ma	nuscript Title: Identif	ication and evaluation of f	ructose-bisphosphate aldolase B as a potential diagnostic		
bic	biomarker in choledochal cysts patients: a quantitative proteomic analysis				
Ma	nuscript number (if known)	): TP-21-36			
rel par to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do	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.  ps/activities/interests as they relate to the current		
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DI	Please summarize the above conflict of interest in the following box:		
rit	.ase summarize the above to	onnict of interest in the loi	IOWING DOX.
	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.