

## ICMJE DISCLOSURE FORM

Date: July. 25<sup>th</sup>, 2021

Your Name: Xi-Si Guan

Manuscript Title: Long-term Prophylactic intravenous antibiotics after Kasai portoenterostomy for biliary atresia will not reduce the risks of post-operative cholangitis, a retrospective study.

Manuscript number (if known): \_\_\_\_\_

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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
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Date:      July, 25<sup>th</sup>, 2021     

Your Name:      Qiu-Ming He     

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Your Name: Wei Zhong

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