

ICMJE DISCLOSURE FORM

Date: 2021.12.7

Your Name: Ning Wang

Manuscript Title: Association between *IKBKAP* polymorphisms and Hirschsprung's disease susceptibility in Chinese Children

Manuscript number (if known): ID: TP-21-550-CL

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)
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> 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	

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ICMJE DISCLOSURE FORM

Date: 2021.12.7

Your Name: Jiaojiao Xi

Manuscript Title: Association between *IKBKAP* polymorphisms and Hirschsprung's disease susceptibility in Chinese Children

Manuscript number (if known):ID: TP-21-550-CL

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5	Payment or honoraria for	__X__ None	

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Date: 2021.12.7

Your Name: Chaoting Lan

Manuscript Title: Association between *IKBKAP* polymorphisms and Hirschsprung's disease susceptibility in Chinese Children

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Date: 2021.12.7

Your Name: Yuxin Wu

Manuscript Title: Association between *IKBKAP* polymorphisms and Hirschsprung's disease susceptibility in Chinese Children

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Date: 2021.12.7

Your Name: Yun Zhu

Manuscript Title: Association between *IKBKAP* polymorphisms and Hirschsprung's disease susceptibility in Chinese Children

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Date: 2021.12.7

Your Name: Xiaoyu Zuo

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Your Name: Yan Zhang

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		the Science and Technology Project of Guangzhou (NO.201903010074)	
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