

## ICMJE DISCLOSURE FORM

Date: 2022.6.5

Your Name: Hongzhen Wu

Manuscript Title: The status and risk factors of anxiety/depression in patients with atrophic chronic gastritis

Manuscript number (if known): APM-22-730

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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8	Patents planned, issued or pending	<input type="checkbox"/> <b>X</b> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>X</b> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>X</b> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <b>X</b> <input type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

None.

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## ICMJE DISCLOSURE FORM

Date: 2022.6.5

Your Name: Guorui Liang

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Date: 2022.6.5

Your Name: Mingjun Kong

Manuscript Title: The status and risk factors of anxiety/depression in patients with atrophic chronic gastritis

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## ICMJE DISCLOSURE FORM

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Your Name: Yuan Zhang

Manuscript Title: The status and risk factors of anxiety/depression in patients with atrophic chronic gastritis

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Date: 2022.6.5

Your Name: YJ Zhou

Manuscript Title: The status and risk factors of anxiety/depression in patients with atrophic chronic gastritis

Manuscript number (if known): APM-22-730-R1

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## ICMJE DISCLOSURE FORM

Date: 2022.6.5

Your Name: Jianhua Han

Manuscript Title: The status and risk factors of anxiety/depression in patients with atrophic chronic gastritis

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Your Name: XQ Hu

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Your Name: Yingfei Li

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Your Name: Qi Zhan

Manuscript Title: The status and risk factors of anxiety/depression in patients with atrophic chronic gastritis

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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.

## ICMJE DISCLOSURE FORM

Date: 2022.6.5

Your Name: Shuzhen Chen

Manuscript Title: The status and risk factors of anxiety/depression in patients with atrophic chronic gastritis

Manuscript number (if known): APM-22-730

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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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)	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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<b>Time frame: past 36 months</b>			
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	<input checked="" type="checkbox"/> None	

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

Please summarize the above conflict of interest in the following box:

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## ICMJE DISCLOSURE FORM

Date: 2022.6.5

Your Name: Yanlei Du

Manuscript Title: The status and risk factors of anxiety/depression in patients with atrophic chronic gastritis

Manuscript number (if known): APM-22-730

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## ICMJE DISCLOSURE FORM

Date: 2022.6.5

Your Name: Wenji Chen

Manuscript Title: The status and risk factors of anxiety/depression in patients with atrophic chronic gastritis

Manuscript number (if known): APM-22-730

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