Date:Dec. 02, 2021	
Your Name: Lu Fang	
Manuscript Title: Lapare	oscopic transcystic common bile duct exploration in patients with a nondilate
common bile duct	
Manuscript number (if known):
	, we ask you to disclose all relationships/activities/interests listed below that are
-	manuscript. "Related" means any relation with for-profit or not-for-profit third
•	e affected by the content of the manuscript. Disclosure represents a commitment
	necessarily indicate a bias. If you are in doubt about whether to list a
relationship/activity/interest,	it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</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)
		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	X None	

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 meetings and/or travel	XNone	
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-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
Г			
	None.		

	te:Dec. 02, 2021			
	ur Name: Jian Huang			.1
		oscopic transcystic com	mon bile duct exploration in patients with a nondilate	a
	mmon bile duct			
Ma	anuscript number (if known)):		
relator relator The ma	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 medication.	manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you do to the author's relationship indicates interests should be ension, you should declaration is not mentioned in	ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive	
	e time frame for disclosure i	• •		ıS,
		• •	Specifications/Comments (e.g., if payments were made to you or to your institution)	iS,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	15,
	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)	15,
		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)	15,
	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)	15,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)	15,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)	is,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)	is,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)	is,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)	15,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	15,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	15,
	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	15,
the	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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	15,
the	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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	15,

Consulting fees

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 meetings and/or travel	XNone	
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-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
Г			
	None.		

You Ma	te:Dec. 02, 2021 ur Name: Hao Zheng nuscript Title: Lapard mmon bile duct nuscript number (if known)	oscopic transcystic comm	on bile duct exploration in patients with a nondila	ated
rela par to	ated to the content of your ries whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertension he manuscript.	
	tem #1 below, report all sup time frame for disclosure is		d in this manuscript without time limit. For all other ito	ems,
		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,	XNone		

		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 meetings and/or travel	XNone	
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-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
Г			
	None.		

You Ma	mmon bile duct	oscopic transcystic comm	on bile duct exploration in patients with a nondil	ated
rel par to	ated to the content of your ties whose interests may b transparency and does not	manuscript. "Related" mea e affected by the content o	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a so.	
	e following questions apply nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to	the epidemiology of hypert		defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens he manuscript.	
	tem #1 below, report all su time frame for disclosure i	• •	d in this manuscript without time limit. For all other i	tems,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	

		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	X_None	
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 meetings and/or travel	XNone	
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-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
Г			
	None.		

Da	te:Dec. 02, 2021			
Yo	ur Name: Tian-De Liu _	_		
	•	oscopic transcystic comn	non bile duct exploration in patients with a nondil	ated
	mmon bile duct			
Ma	nuscript number (if known)	:		
ا ما	the interest of transparence	aak van ta diaalaaa al	l volationahina /ostivitica /interesta listed halow that ava	
		·	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	ŀ
•	-	•	If you are in doubt about whether to list a	•
	ationship/activity/interest,	-		
		to the author's relationshi	ips/activities/interests as they relate to the <u>current</u>	
ma	nuscript only.			
-1			defined by the first order of the control of the co	•
			defined broadly. For example, if your manuscript perta	
	the epidemiology of hyperto edication, even if that medic	· •	eall relationships with manufacturers of antihypertensi	ve
1110	alcation, even il that medic	ation is not mentioned in	the manuscript.	
In i	tem #1 below, report all su	pport for the work reporte	ed in this manuscript without time limit. For all other it	ems.
	time frame for disclosure is	-	,	,
		•		
		A. II 1.1	0 15 11 10	
		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	,	
		needed)		
		Time frame: Since the initia	l planning of the work	
1	All support for the present	XNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article processing charges, etc.)			
	No time limit for this item.			
		Time frame: nast	26	

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

4

any entity (if not indicated

X_None

_X__None

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 meetings and/or travel	XNone	
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-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Date:Dec. 02, 20)21
Your Name: Hu Xi	ong
Manuscript Title:	_ Laparoscopic transcystic common bile duct exploration in patients with a nondilated
common bile duct _	
Manuscript number (i	f known):
In the interest of trans	sparency, 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 interest	ts may be affected by the content of the manuscript. Disclosure represents a commitment
to transparency and d	oes not necessarily indicate a bias. If you are in doubt about whether to list a

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

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)
		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	X None	

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 meetings and/or travel	XNone	
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-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Date:____Dec. 02, 2021____

Consulting fees

Yo	ur Name: Wen Li			
Ma	anuscript Title: Laparo	oscopic transcystic com	mon bile duct exploration in patients with a nondilated	d
	mmon bile duct	•	·	
	anuscript number (if known)):		
		,		
In	the interest of transparency	, we ask you to disclose a	Il relationships/activities/interests listed below that are	
		-	eans any relation with for-profit or not-for-profit third	
-	<u>-</u>		of the manuscript. Disclosure represents a commitment	
	-	•	. If you are in doubt about whether to list a	
rel	ationship/activity/interest,	it is preferable that you d	0 SO.	
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
			defined broadly. For example, if your manuscript pertains	
		· •	e all relationships with manufacturers of antihypertensive	
me	edication, even if that medic	cation is not mentioned in	the manuscript.	
In	itam #1 halaw ranart all su	nnort for the work reports	ad in this manuscript without time limit. For all other items	_
	e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items	۶,
LIII	e time mame for disclosure i	s the past 50 months.		
		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	al planning of the work	
			ar pranting of the work	
1	All support for the present	XNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges etc.)			
	processing charges, etc.) No time limit for this item.			
	processing charges, etc.) No time limit for this item.			
		T: f	A 2C months	
	No time limit for this item.	Time frame: pas	t 36 months	
2	No time limit for this item. Grants or contracts from	Time frame: pas	t 36 months	
2	No time limit for this item. Grants or contracts from any entity (if not indicated	-	t 36 months	
2	No time limit for this item. Grants or contracts from	-	t 36 months	

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 meetings and/or travel	XNone	
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-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

You Ma coi	nmon bile duct		on bile duct exploration in patients with a nondil	ated
rela par to t	ated to the content of your ties whose interests may b cransparency and does not	manuscript. "Related" mea e affected by the content o	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.	
	following questions apply nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to	he epidemiology of hypert		defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertensi he manuscript.	
	tem #1 below, report all su time frame for disclosure i		d in this manuscript without time limit. For all other it	ems,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	

		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).	X_None	
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 meetings and/or travel	XNone	
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-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

You Ma	te:Dec. 02, 2021 ur Name: Jian-Feng Gad anuscript Title: Lapard mmon bile duct anuscript number (if known)	oscopic transcystic comm	non bile duct exploration in patients with a nondilated
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	e following questions apply inuscript 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 pertains all 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 items
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as needed)	·
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	

Time frame: past 36 months

X_None

X__None

X__None

1

4

manuscript (e.g., funding, 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

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 meetings and/or travel	XNone	
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-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te:Dec. 02, 2021			
Yo	ur Name: Hao Le			
Ma	nuscript Title: Lapard	oscopic transcystic com	mon bile duct exploration in patients with a nondila	ted
СО	mmon bile duct			
Ma	nuscript number (if known)	:		
In	the interest of transparency	, we ask you to disclose a	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	
rei	ationship/activity/interest,	it is preferable that you d	0 \$0.	
Th	e following questions apply	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
	nuscript only.		, , , , , , , , , , , , , , , , , , ,	
			defined broadly. For example, if your manuscript pertain	
			e all relationships with manufacturers of antihypertensiv	⁄e
me	edication, even if that medic	ation is not mentioned in	the manuscript.	
In	item #1 helow renort all su	nnort for the work renorts	ed in this manuscript without time limit. For all other ite	ms
	e time frame for disclosure i		ed in this mandscript without time inner 101 directive	.1113,
		-		
		A. II .* *	0 15 11 10	
		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		
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present	XNone		
	manuscript (e.g., funding,			
	provision of study materials, medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame, nos	t 2C months	

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

4

any entity (if not indicated

X_None

_X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		
L			

Date:_____Dec. 02, 2021____

Consulting fees

Yo	ur Name: Wei Hu				
	Manuscript Title: Laparoscopic transcystic common bile duct exploration in patients with a nondilated				
	mmon bile duct	,	•		
	anuscript number (if known)) :			
	,	·			
In	the interest of transparency	, we ask you to disclose a	II relationships/activities/interests listed below that are		
			eans any relation with for-profit or not-for-profit third		
pa	rties whose interests may be	e affected by the content	of the manuscript. Disclosure represents a commitment		
	•	•	s. If you are in doubt about whether to list a		
rel	ationship/activity/interest,	it is preferable that you d	o so.		
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current		
	• •		defined broadly. For example, if your manuscript pertains		
	the epidemiology of hyperto edication, even if that medic	· •	e all relationships with manufacturers of antihypertensive		
****	dication, even il that medic	ation is not mentioned in	The manuscript.		
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 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			
		Time frame: Since the initia	al planning of the work		
1	All support for the present	XNone			
	manuscript (e.g., funding, provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: pas	st 36 months		
2	Grants or contracts from	XNone			
	any entity (if not indicated				
1	in item #1 above).	V None			
3	Royalties or licenses	XNone			

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		
L			

Date:____Dec. 02, 2021____

Consulting fees

Yo	ur Name: Bo Liang				
	Manuscript Title: Laparoscopic transcystic common bile duct exploration in patients with a nondilated				
	common bile duct				
Ma	nuscript number (if known)):			
		and a tellestant			
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 inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current		
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive 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	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	al planning of the work		
			in planning of the work		
1	All support for the present	XNone			
	manuscript (e.g., funding, provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time from	t 26 months		
2	Crants or contracts from	Time frame: pas	t 36 months		
2	Grants or contracts from any entity (if not indicated	XNone			
	in item #1 above).				
3	Royalties or licenses	XNone			

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		
L			

Date:Dec. 02, 2021	
Your Name: Xin-Gen Zhu	
	transcystic common bile duct exploration in patients with a nondilated
Manuscript number (if known):	
related to the content of your manusciparties whose interests may be affected	you to disclose all relationships/activities/interests listed below that are ript. "Related" means any relation with for-profit or not-for-profit third ed by the content of the manuscript. Disclosure represents a commitment rily indicate a bias. If you are in doubt about whether to list a ferable that you do so.
The following questions apply to the a	uthor's relationships/activities/interests as they relate to the current

manuscript only.

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)
		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	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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	
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
Г			
	None.		
L			