

## ICMJE DISCLOSURE FORM

Date: Apr. 4<sup>th</sup>, 2022\_

Your Name: Yi-ting Qian

Manuscript Title: A clinical and laboratory-based nomogram for predicting nonalcoholic fatty liver disease in non-diabetic adults: A cross-sectional study

Manuscript number (if known): APM-21-2988-R2

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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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).	X__None	
3	Royalties or licenses	X__None	
4	Consulting fees	X__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X__None	
6	Payment for expert testimony	_X__None	
7	Support for attending meetings and/or travel	X__None	
8	Patents planned, issued or pending	X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X__None	
11	Stock or stock options	X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X__None	
13	Other financial or non-financial interests	X__None	

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

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.**



## ICMJE DISCLOSURE FORM

Date: Apr. 4<sup>th</sup>, 2022

Your Name: Bo Sun

Manuscript Title: A clinical and laboratory-based nomogram for predicting nonalcoholic fatty liver disease in non-diabetic adults: A cross-sectional study

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## ICMJE DISCLOSURE FORM

Date: Apr. 4<sup>th</sup>, 2022

Your Name: Yu zhang

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## ICMJE DISCLOSURE FORM

Date: Apr. 4<sup>th</sup>, 2022

Your Name: Min-Bo Zhang

Manuscript Title: A clinical and laboratory-based nomogram for predicting nonalcoholic fatty liver disease in non-diabetic adults: A cross-sectional study

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Your Name: Xiao-xiao Jiao

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Date: Apr. 4<sup>th</sup>, 2022

Your Name: Lin-ying Lai

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Date: Apr. 4<sup>th</sup>, 2022

Your Name: Wen-zhuo Yang

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