

ICMJE DISCLOSURE FORM

Date: Apr. 4th, 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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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	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.

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Date: Apr. 4th, 2022

Your Name: Bo Sun

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Your Name: Yu zhang

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Date: Apr. 4th, 2022

Your Name: Min-Bo Zhang

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Your Name: Wen-zhuo Yang

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