## **ICMJE DISCLOSURE FORM**

Date:	04 OCT 2023				
Your Name:Callum Verran					
Manuscript Title: In	vestigative Algorithms for Dis	orders Affecting Plasma Bilirubin; a narrative re	eview		
Manuscript number	(if known):	JLPM-23-24-R1			
In the interest of tra	nsparency, we ask you to disc	close all relationships/activities/interests listed	below		
	nt of your manuscript. "Relate	ed" means any relation with for-profit or not-for	-profit		
parties whose intere commitment	ests may be affected by the co	ontent of the manuscript. Disclosure represents	a		
	does not necessarily indicate interest, it is preferable that y	e a bias. If you are in doubt about whether to lis you do so.	st a		
The following questi <u>current</u> <u>manuscript only</u> .	ons apply to the author's rela	tionships/activities/interests as they relate to tl	ne		
pertains	•	ould be <u>defined broadly</u> . For example, if your ma	nuscript		
		declare all relationships with manufacturers of ion is not mentioned in the manuscript.			
other items,	oort all support for the work reisclosure is the past 36 month	eported in this manuscript without time limit. F	or all		
	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				

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

Grants or contracts from any entity (if not indicated

None

X\_\_None

Time frame: past 36 months

	in item #1 above).		
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	X None	
	testimony	_XNone	
	,		
7	Support for attending	X None	
	meetings and/or travel		
	-		
8	Patents planned, issued	X None	
	or pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	_XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	X None	
'	Clock of Glock options	_ANone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

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

No conflicts of interest		

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:	5/10	)/202	3_		$\sim$	
Your Name:		4 LEXA	K	SHIPM	Y > \	
Manuscript Title	: Investigative	Algorithms for Di	sorders Af	fecting Plasma E	Bilirubin;	a narrative review
Manuscript nun	nber (if known)	*	JLP	M-23-24-R1		

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
1,17114	to the constraint of the stage of stage	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

ease summarize the above conflict of interest in the following box:						
					<del>,</del>	

Please place an "X" next to the following statement to indicate your agreement:

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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## **ICMJE DISCLOSURE FORM**

D -	05/0 atabas//0000
	te:05/October/2023
	ur Name:Dr Kate Shipman
IVIA	nuscript Title: Investigative Algorithms for Disorders Affecting Plasma Bilirubin; a narrative review
Ma	nuscript number (if known): JLPM-23-24-R1
	he interest of transparency, we ask you to disclose all relationships/activities/interests listed below t are
rela thi	ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit d
-	ties whose interests may be affected by the content of the manuscript. Disclosure represents a nmitment
	ransparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so.
<u>cur</u>	e following questions apply to the author's relationships/activities/interests as they relate to the rent nuscript only.
	e author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript tains
	he epidemiology of hypertension, you should declare all relationships with manufacturers of ihypertensive medication, even if that medication is not mentioned in the manuscript.
oth	tem #1 below, report all support for the work reported in this manuscript without time limit. For all er items, 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 initial planning of the work

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

Grants or contracts from any entity (if not indicated

**X**\_None

X\_\_None

Time frame: past 36 months

	in item #1 above).	
3	Royalties or licenses	_ <b>X</b> None
4	Consulting fees	_ <b>X</b> None
5	Payment or honoraria for	_XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	X None
	testimony	None
	,	
7	Support for attending	X None
	meetings and/or travel	
8	Patents planned, issued	_XNone
	or pending	
9	Participation on a Data	_ <b>X</b> None
	Safety Monitoring Board	
	or Advisory Board	
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	unpaid	
11	Stock or stock options	X None
	·	
12	Receipt of equipment,	_XNone
	materials, drugs, medical	
	writing, gifts or other	
4.0	services	
13	Other financial or non-	_ <b>X</b> None
	financial interests	
DI	ase summarize the she	ve conflict of interest in the following box:
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Pleas	Please summarize the above conflict of interest in the following box:						

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.					