Manuscript Title: A Sinister Source of Gastrointestinal Bleeding Treated by Transhepatic Splenic Varix Embolization in a

Date:____March 19, 2021

Consulting fees

KB

None

Your Name: Dr. Kristen Bortolin

	nuscript number (if known <u>):</u>		
rela part to ti	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to tl med In it	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(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.	_ KBNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	KBNone	
3	Royalties or licenses	KBNone	

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

Date: August 11 2021
Your Name: Dr. Sarah Jones

Manuscript Title: A Sinister Source of Gastrointestinal Bleeding in a Paediatric Patient

Manuscript number (if known): PM-21-30

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-8		Time frame: Since the initi	al planning of the work
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0		Time frame: pas	st 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 lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
10	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	Marking a distance with the second se
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Plea	ise summarize the above cor	nflict of interest in the fol	lowing box:

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.

Date:March 19, 2021
Your Name: Dr. Amol Mujoomdar
Manuscript Title: A Sinister Source of Gastrointestinal Bleeding Treated by Transhepatic Splenic Varix Embolization in a
Paediatric Patient: A Case Report
Manuscript number (if known): PM-21-30

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

- o Received speaking honorarium from Terumo, Boston Scientific, Medtronic and Teleflex
- o Participated in a medical advisory board for Boston Scientific

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.

Date:	_March 23, 2021
Your Nam	ne: Dr. Andréanne N. Zizzo
Manuscri	ipt Title: <u>A Sinister Source of Gastrointestinal Bleeding Treated by Transhepatic Splenic Varix Embolization in a</u>
<u>Paediatri</u>	c Patient: A Case Report
Manuscri	ipt number (if known): PM-21-30

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _XNone	36 months
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	X None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V None	
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
ı	None		
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