

# ICMJE DISCLOSURE FORM

Date: 01/20/2023

Your Name: Mohamad Halabi

Manuscript Title: Correlation of elevated transaminases and histological findings in children with Celiac Disease

Manuscript number (if known): PM-22-58

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
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, manuscript writing or educational events	____ None	
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 Safety Monitoring Board or Advisory Board	____ None	
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:**

**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: January 18, 2023\_\_\_\_\_

Your Name:\_\_\_\_\_Taylor Beedie\_\_\_\_\_

Manuscript Title:\_\_\_Correlation of elevated transaminases and histological findings in children with Celiac Disease\_\_\_\_\_

Manuscript number (if known):\_\_\_\_\_ID: PM-22-58\_\_\_\_\_

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Lawson Health Research Institute	I was hired as a research assistant for London Health Sciences Centre through Lawson Health Research Institute. I receive pay every two weeks to work on manuscript writing, data collection, ethics applications and more, and have been working on many projects since the outset of my hiring. I worked on the write up, editing, submission, communications, and cover letter writing for this project.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	N/A

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

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

I receive pay from Lawson Health Research Institute to work on various research projects at London Health Sciences Centre. I have no other affiliations or conflicts of interest to report.

**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: January 18 2023  
 Your Name: Joanna Walsh  
 Manuscript Title: Correlation of elevated transaminases and histological findings in children with Celiac Disease  
 Manuscript number (if known): PM-22-58

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

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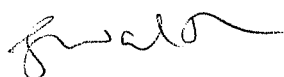
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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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# ICMJE DISCLOSURE FORM

Date: 19 Jan 2023  
 Your Name: Michael Miller  
 Manuscript Title: Correlation of elevated transaminases and histological findings in children with Celiac Disease  
 Manuscript number (if known): PM-22-58

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	
5	Payment or honoraria for lectures, presentations,	<u>__X__</u> None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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None

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# ICMJE DISCLOSURE FORM

Date: February 16, 2023\_\_\_\_\_

Your Name:\_\_\_\_\_Andréanne N. Zizzo\_\_\_\_\_

Manuscript Title: Correlation of elevated transaminases and histological findings in children with Celiac Disease \_\_\_\_\_

Manuscript number (if known):\_\_ PM-22-58\_\_\_\_\_

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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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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