Date: 01/20/2023
Your Name: Mohamad Halabi
Manuscript Title: Correlation of elevated transaminases and histological findings in children with Celiac Disease
Manuscrint 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 <u>current 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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: January 18, 20	023		
Your Name:	Taylor Beedie		
Manuscript Title:	_Correlation of ele	evated transaminases and histological findings in children with (Celiac Disease
Manuscript number	(if known):	ID: PM-22-58	

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

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		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.	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.
		Time frame: past	
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.

Date:Jar	nuary 18 2023
Your Name:	Joanna Walsh
	tle:Correlation of elevated transaminases and histological findings in children with Celiac Disease Imber (if known): PM-22-58
	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 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) 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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for lectures, presentations,	None	
	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	None	
δ	pending	NOTIC	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
Γ			

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e:19 Jan 2023 r Name:Micha		
You	Name:Micha	ael Miller	
Man	uscript Title: Correla	tion of elevated transamina	ases and histological findings in children with Celiac Disease
Man	uscript number (if known):	PM-22-58	
relat part to tr	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are as 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 uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th med In ito	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 whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated	XNone	50 months
3	in item #1 above). Royalties or licenses	XNone	
	·		
4	Consulting fees	XNone	

Payment or honoraria for

lectures, presentations,

None

	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
10	Advisory Board	V Name	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:
N	Ione		

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e: February 16, 2023		
You	r Name:Andréanne N	. Zizzo	
Mar	nuscript Title: Correlation Celiac Disea		nases and histological findings in children with
Mar	nuscript number (if known):	PM-22-58	
rela part to t	ted to the content of your nices whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the current
to t		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other items,
		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)
		Time frame: Since the initia	al 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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	

None

Consulting fees

5	Payment or honoraria for lectures, presentations,	_XNone		
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	_XNone		
	-			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
10	Advisory Board			
10	Leadership or fiduciary role in other board, society,	X_None		
	committee or advocacy			
	group, paid or unpaid			
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			
Please summarize the above conflict of interest in the following box:				
1	None			

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.