ate: <u>Mar. 29<sup>th</sup>, 2022</u>	
our Name: Cong Gao	
lanuscript Title: TGH-22-14-CL	
lanuscript number (if known): <u>Treatment of ileal Dieulafoy's lesion by hemostatic clips under double-ba</u>	<u>alloon</u>
nteroscony: a case report	

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		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 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.			

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

Date: _	Mar. 29	<sup>th</sup> , 2022	
Your N	lame:	Xiaozhong Gud	
Manus	cript Title:	TGH-2	2-14-CL
Manus	cript numb	er (if known):	Treatment of ileal Dieulafoy's lesion by hemostatic clips under double-balloon
antara	econy, a ca	sa ranort	

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4	Consulting fees	XNone	

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

None.			

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

Date: <u>Mar. 29<sup>th</sup>, 2022</u>	
Your Name: Hongyu Li	
Manuscript Title: TGH-22-14-CL	
Manuscript number (if known): <u>Treatment of ileal Dieulafoy's lesion by hemostatic clips under double-ball</u>	<u>oon</u>
enteroscony: a case report	

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None.			

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

Date: Mar. 29 <sup>th</sup> , 2022	
Your Name: Hongxin Chen	
Manuscript Title: TGH-22-14-CL	
Manuscript number (if known): Treatment of ileal Dieulafoy's lesion by hemostatic clips under double-ballo	<u>on</u>
enteroscopy: a case report.	

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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4	Consulting fees	XNone	

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

None.			

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

Date: Mar. 29 <sup>th</sup> , 2022	
Your Name: Zhenjiao Gao	
Manuscript Title:TGH-22-14-CL	
Manuscript number (if known): <u>Treatment of ileal Dieulafoy's lesion by hemostatic clips under double-ball</u>	oon
enteroscopy: a case report.	

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4	Consulting fees	XNone	

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	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	<b>.</b>		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
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11	Stock of Stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

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

Date: _	Mar. 2	9 <sup>th</sup> , 2022											_
Your N	ame:	Fei Gao										_	
Manus	cript Title	:	TGH-22	2-14-CL									
Manus	cript num	ber (if kn	own): _	Treatm	ent of ileal	l Dieulafo	oy's lesi	on by h	emosta	tic clip	s under	double-	-balloor
antaro	sconv. a c	ace renor	+										

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	<b>.</b>		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

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

Date: <u>Mar. 29<sup>th</sup>, 2022</u>	
Your Name: Xingshun Qi	
Manuscript Title: TGH-22-14-CL	
Manuscript number (if known): <u>Treatment of ileal Dieulafoy's lesion by hemostatic clips under double-ball</u>	<u>loon</u>
enteroscony: a case report	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	X_None				
4	Consulting fees	XNone				

		1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	<b>.</b>		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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