Date: October 2023 twenty

Your Name: Shaozheng Hu

Manuscript Title:Diagnosis of Inverted Meckel's diverticulum by double balloon enteroscopy: a case report_ Manuscript number (if known):____ACR-23-102-CL_____

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.

		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	
		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 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	
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 None	

None.

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

Date: __October 2023 twenty_____ Your Name: ____Hongyu Du_____ Manuscript Title:Diagnosis of Inverted Meckel's diverticulum by double balloon enteroscopy: a case report____ Manuscript number (if known): ACR-23-102-CL

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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	
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 None	

None.

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

Date:___October 2023 twenty_____ Your Name:_____Jintao Wen_____ Manuscript Title:Diagnosis of Inverted Meckel's diverticulum by double balloon enteroscopy: a case report___ Manuscript number (if known): ACR-23-102-CL

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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	
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 None	

None.

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

Date:___October 2023 twenty_____ Your Name:_____Meimei Wu_____ Manuscript Title:Diagnosis of Inverted Meckel's diverticulum by double balloon enteroscopy: a case report____ Manuscript number (if known): ACR-23-102-CL

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1	All support for the present	None	
	manuscript (e.g., funding,		
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	processing charges, etc.)		
	No time limit for this item.		
		T :	
-		Time frame: past	36 months
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	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,	None	
	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 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 None	

None.

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

 Date:
 October 2023 twenty

 Your Name:
 Binhao Huang

 Manuscript Title:Diagnosis of Inverted Meckel's diverticulum by double balloon enteroscopy: a case report

 Manuscript number (if known):
 ACR-23-102-CL

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4	Consulting fees	None	

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	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 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 None	

None.

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

Date: October 2023 twenty

Your Name: Jietao Zhong

Manuscript Title:Diagnosis of Inverted Meckel's diverticulum by double balloon enteroscopy: a case report___ Manuscript number (if known):____ACR-23-102-CL_____

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		Time frame: Since the initial	planning of the work
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	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,	None	
	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 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 None	

None.

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

Date: __October 2023 twenty_____ Your Name: ____Chuan Shi Manuscript Title:Diagnosis of Inverted Meckel's diverticulum by double balloon enteroscopy: a case report____ Manuscript number (if known): ACR-23-102-CL

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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	
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 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	

None.

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

Date: October 2023 twenty

Your Name: Chenzhou Liu

Manuscript Title:Diagnosis of Inverted Meckel's diverticulum by double balloon enteroscopy: a case report___ Manuscript number (if known):____ACR-23-102-CL_____

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		Time frame: past	36 months
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8	Patents planned, issued or pending	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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	

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