ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Zheng
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ruhua
2. Surname (Last Name)  Zheng
3. Date  08-August-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author's Name
Xiaoping Zou & Guoping He

5. Manuscript Title
Development and validation of a risk prediction model and scoring system for post-endoscopic retrograde cholangiopancreatography pancreatitis

6. Manuscript Identifying Number (if you know it)
ATM-20-5769

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Dr. Zheng has nothing to disclose.

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## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|--------|
| Mengjie                  | Chen                   | 08-August-2020 |

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No

Corresponding Author’s Name

Xiaoping Zou & Guoping He

5. Manuscript Title
   Development and validation of a risk prediction model and scoring system for post-endoscopic retrograde cholangiopancreatography pancreatitis

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Section 1. Identifying Information

1. Given Name (First Name)  
   Xuying  

2. Surname (Last Name)  
   Wang  

3. Date  
   08-August-2020  

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author's Name  
   Xiaoping Zou & Guoping He

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name) Bingqiang
2. Surname (Last Name) Li
3. Date 08-August-2020
4. Are you the corresponding author? ☑ No

5. Manuscript Title
Development and validation of a risk prediction model and scoring system for post-endoscopic retrograde cholangiopancreatography pancreatitis

6. Manuscript Identifying Number (if you know it) ATM-20-5769

Corresponding Author’s Name Xiaoping Zou & Guoping He

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Li
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### Identifying Information

1. **Given Name (First Name)**
   - Ting
2. **Surname (Last Name)**
   - He
3. **Date**
   - 08-August-2020
4. Are you the corresponding author?  
   - Yes  
   - No  
   - **Yes**

   **Corresponding Author's Name**
   - Xiaoping Zou & Guoping He

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Dr. He has nothing to disclose.

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.
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- **Royalties**: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Lei
2. Surname (Last Name)  Wang
3. Date  08-August-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author's Name
Xiaoping Zou & Guoping He

5. Manuscript Title
Development and validation of a risk prediction model and scoring system for post-endoscopic retrograde cholangiopancreatography pancreatitis

6. Manuscript Identifying Number (if you know it)
ATM-20-5769

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wang has nothing to disclose.

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Guifang
2. Surname (Last Name)  Xu
3. Date  08-August-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Xiaoping Zou & Guoping He

5. Manuscript Title
Development and validation of a risk prediction model and scoring system for post-endoscopic retrograde cholangiopancreatography pancreatitis

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Dr. Xu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Yuling

2. Surname (Last Name)  
   Yao

3. Date  
   08-August-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Development and validation of a risk prediction model and scoring system for post-endoscopic retrograde cholangiopancreatography pancreatitis

6. Manuscript Identifying Number (if you know it)  
   ATM-20-5769

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Dr. Yao has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jun

2. Surname (Last Name)  
   Cao

3. Date  
   08-August-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

Corresponding Author’s Name  
Xiaoping Zou & Guoping He

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Cao has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Yonghua                  | Shen                   | 08-August-2020 |

4. Are you the corresponding author?  
☐ Yes  ☑ No

5. Manuscript Title  
Development and validation of a risk prediction model and scoring system for post-endoscopic retrograde cholangiopancreatography pancreatitis

6. Manuscript Identifying Number (if you know it)  
ATM-20-5769

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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## Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Shen has nothing to disclose.

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Section 1. Identifying Information

| 1. Given Name (First Name) | Yi |
|---------------------------|----|
| 2. Surname (Last Name)    | Wang |
| 3. Date                   | 08-August-2020 |
| 4. Are you the corresponding author? | ☑ No |
| 5. Manuscript Title       | Development and validation of a risk prediction model and scoring system for post-endoscopic retrograde cholangiopancreatography pancreatitis |
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Hao                       | Zhu                    | 08-August-2020 |

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name: Xiaoping Zou & Guoping He

5. Manuscript Title
   Development and validation of a risk prediction model and scoring system for post-endoscopic retrograde cholangiopancreatography pancreatitis

6. Manuscript Identifying Number (if you know it)
   ATM-20-5769

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Are there any relevant conflicts of interest? [ ] Yes [x] No

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Dr. Zhu has nothing to disclose.

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Zhang
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Bin

2. Surname (Last Name)  
   Zhang

3. Date  
   08-August-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Development and validation of a risk prediction model and scoring system for post-endoscopic retrograde cholangiopancreatography pancreatitis

6. Manuscript Identifying Number (if you know it)  
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Section 1. Identifying Information
1. Given Name (First Name)  Han
2. Surname (Last Name)  Wu
3. Date  08-August-2020
4. Are you the corresponding author?  Yes  No
   ✔
5. Manuscript Title
   Development and validation of a risk prediction model and scoring system for post-endoscopic retrograde cholangiopancreatography pancreatitis
6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)         2. Surname (Last Name)         3. Date
Xiaoping                          Zou                          08-August-2020

4. Are you the corresponding author?   Yes ☑️  No ☐

5. Manuscript Title
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Dr. Zou has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Guoping

2. Surname (Last Name)  
   He

3. Date  
   08-August-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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