ICMJE DISCLOSURE FORM

Date:____June 28th, 2022_________________________________________________________
Your Name:____Juan Wei_________________________________________________________________
Manuscript Title:__Small intestinal bacterial overgrowth: a predictor of clinical relapse in patients with quiescent Crohn’s disease.
Manuscript number (if known):________________________________________________________________________

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.

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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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|   | **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.) | **X** None                                                                         |
|   | **No time limit for this item.**                                                                 |                                                                                   |
|   | **Time frame: past 36 months**                                                                  |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | **X** None                                                                         |
| 3 | Royalties or licenses                                                                           | **X** None                                                                         |
| 4 | Consulting fees                                                                                 | **X** None                                                                         |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

None.

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: _____ June 28th, 2022
Your Name: Jing Feng
Manuscript Title: Small intestinal bacterial overgrowth: a predictor of clinical relapse in patients with quiescent Crohn's disease

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| 3 | Royalties or licenses                                                                           | _ X None                                                                         |
| 4 | Consulting fees                                                                                 | _ X None                                                                         |
|   |                                                                 |   |
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|5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X__None |
|6  | Payment for expert testimony                                     | _X__None |
|7  | Support for attending meetings and/or travel                      | _X__None |
|8  | Patents planned, issued or pending                                | _X__None |
|9  | Participation on a Data Safety Monitoring Board or Advisory Board | _X__None |
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|11 | Stock or stock options                                           | _X__None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X__None |
|13 | Other financial or non-financial interests                        | _X__None |

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Date: _____June 28th, 2022______________________________

Your Name: _____ Liya Chen ________________________________

Manuscript Title: __ Small intestinal bacterial overgrowth: a predictor of clinical relapse in patients with quiescent Crohn's disease__

Manuscript number (if known): __________________________________________

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|   |   | Time frame: past 36 months |                                                                                       |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |                                                                                       |
| 3 | Royalties or licenses | _X_ None |                                                                                       |
| 4 | Consulting fees | _X_ None |                                                                                       |
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| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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Date:____June 28th, 2022__________________________
Your Name:___Zhao Yang____________________________________
Manuscript Title:__Small intestinal bacterial overgrowth: a predictor of clinical relapse in patients with quiescent Crohn's disease__
Manuscript number (if known):______________________________________________

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| Item | 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) |
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| **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.** | X ___None | |
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| **Time frame: past 36 months** | | |
| 2. Grants or contracts from any entity (if not indicated in item #1 above). | _ X ___None | |
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| | | |
| 3. Royalties or licenses | _ X ___None | |
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| 4. Consulting fees | _ X ___None | |
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|   | Description                                                                                     | Answer | Notes |
|---|------------------------------------------------------------------------------------------------|--------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |       |
| 6 | Payment for expert testimony                                                                   | _X_ None |       |
| 7 | Support for attending meetings and/or travel                                                    | _X_ None |       |
| 8 | Patents planned, issued or pending                                                              | _X_ None |       |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                              | _X_ None |       |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |       |
| 11| Stock or stock options                                                                          | _X_ None |       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                | _X_ None |       |
| 13| Other financial or non-financial interests                                                       | _X_ None |       |

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None.

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Date:____June 28th, 2022________________________________________________________________________
Your Name:____ Hui Tao _______________________________________________________________________
Manuscript Title:__ Small intestinal bacterial overgrowth: a predictor of clinical relapse in patients with quiescent 
Crohn's disease__
Manuscript number (if known):__________________________________________________________________

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medication, even if that medication is not mentioned in the manuscript.

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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.
   X ____ None

Time frame: past 36 months

2 Grants or contracts from any entity (if not indicated in item #1 above).
   _ X ____ None

3 Royalties or licenses
   _ X ____ None

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

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

None.

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Date: _____June 28th, 2022______________________________
Your Name: _______Liuying Li ________________________________
Manuscript Title: ___Small intestinal bacterial overgrowth: a predictor of clinical relapse in patients with quiescent Crohn's disease___
Manuscript number (if known): _________________________________

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

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None.

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**ICMJE DISCLOSURE FORM**

Date: ____June 28th, 2022______________________________

Your Name: ____Ji Xuan______________________________

Manuscript Title: __Small intestinal bacterial overgrowth: a predictor of clinical relapse in patients with quiescent Crohn's disease___

Manuscript number (if known): _______________________________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _**X**_ None |  |
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Date: ___June 28th, 2022______________________________
Your Name: ___ Fangyu Wang ____________________________
Manuscript Title: __ Small intestinal bacterial overgrowth: a predictor of clinical relapse in patients with quiescent Crohn’s disease__
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