ICMJE DISCLOSURE FORM

Date:  __Mar 4th, 2022__
Your Name:  __Hye Young Kim__
Manuscript Title: Correlation between cholecystectomy and development of non-alcoholic liver disease in the mouse model
Manuscript number (if known):  __ATM-21-5414-R2__

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.

The author’s relationships/activities/interests should be defined broadly. 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) | 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. | _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 |
|   | Description                                                                 | Yes/No
---|------------------------------------------------------------------------------|--------
5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None
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

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: ___Mar 4th, 2022___
Your Name: ___Sung Ryol Lee___
Manuscript Title: Correlation between cholecystectomy and development of non-alcoholic liver disease in the mouse model
Manuscript number (if known): ___ATM-21-5414-R2___

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| 3 | Royalties or licenses | ___X__None | |
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|   | Description                                                                 |   |
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| 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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ICMJE DISCLOSURE FORM

Date: __Mar 4th, 2022__

Your Name: __Waqar Khalid Saeed__

Manuscript Title: Correlation between cholecystectomy and development of non-alcoholic liver disease in the mouse model

Manuscript number (if known): __ATM-21-5414-R2__

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| _X_ None | |

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| 3 Royalties or licenses | 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: past 36 months |
|----------------------------|
| 4 Consulting fees | 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) |
| _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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Date: Mar 4th, 2022
Your Name: Hyun Sung Kim
Manuscript Title: Correlation between cholecystectomy and development of non-alcoholic liver disease in the mouse model
Manuscript number (if known): ATM-21-5414-R2

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| 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                                                                         |
|   |   |   |
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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 |
| 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 |
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Date:________ Mar 4th, 2022_______________________________________________________________
Your Name:___Ju hee Oh_______________________________________________________________________________
Manuscript Title: Correlation between cholecystectomy and development of non-alcoholic liver disease in the mouse model__________________
Manuscript number (if known):_____ ATM-21-5414-R2_________________________________________

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| 3 Royalties or licenses                          | _X__None |  |
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NONE

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Date: Mar 4th, 2022
Your Name: Dong Hee Koh
Manuscript Title: Correlation between cholecystectomy and development of non-alcoholic liver disease in the mouse model
Manuscript number (if known): ATM-21-5414-R2

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| 11 | Stock or stock options | _X_ None |
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Date: Mar 4th, 2022
Your Name: Dae Won Jun
Manuscript Title: Correlation between cholecystectomy and development of non-alcoholic liver disease in the mouse model
Manuscript number (if known): ATM-21-5414-R2

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