**ICMJE DISCLOSURE FORM**

**Date:** 2022.4.13  
**Your Name:** Yanqiang Li  
**Manuscript Title:** Ultrasound elastography in the diagnosis of biliary atresia in pediatric surgery: a systematic review and meta-analysis  
**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.

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                                                                           |                                                                                  |
|   |                              |     |     |
|---|------------------------------|-----|-----|
| 5 | Payment or honoraria for     | __X__ | None |
|   | lectures, presentations,     |     |     |
|   | speakers bureaus, manuscript |     |     |
|   | writing or educational       |     |     |
|   | events                       |     |     |
| 6 | Payment for expert           | __X__ | None |
|   | testimony                    |     |     |
| 7 | Support for attending        | __X__ | None |
|   | meetings and/or travel       |     |     |
| 8 | Patents planned, issued or   | __X__ | None |
|   | pending                      |     |     |
| 9 | Participation on a Data      | __X__ | None |
|   | 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 |
|12 | Receipt of equipment,        | __X__ | None |
|   | materials, drugs, medical    |     |     |
|   | writing, gifts or other      |     |     |
|   | services                     |     |     |
|13 | Other financial or non-      | __X__ | None |
|   | financial interests          |     |     |

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

The author has no conflicts of interest to declare.

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: 2022.4.13
Your Name: Jinghua Jiang
Manuscript Title: Ultrasound elastography in the diagnosis of biliary atresia in pediatric surgery: a systematic review and meta-analysis
Manuscript number (if known):

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| 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: Since the initial planning of the work

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|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                   | _X_ None                                                                           |

Time frame: 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) |
|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 3 | Royalties or licenses                                                                       | _X_ None                                                                           |

|   | 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) |
|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                            | _X_ None                                                                           |
|   | Description                                                                 | Selection |
|---|-----------------------------------------------------------------------------|-----------|
| 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      |

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__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:** 2022.4.13  
**Your Name:** Hong Wang  
**Manuscript Title:** Ultrasound elastography in the diagnosis of biliary atresia in pediatric surgery: a systematic review and meta-analysis  
**Manuscript number (if known):**

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No time limit for this item. | X None                                                                                         |
| **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                                                                                 |

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**

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**Note:** Please ensure all disclosures are accurate and complete. Failure to disclose any relevant information may result in the manuscript being rejected or delayed in publication.
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         |    |      |
|   | manuscript writing or educational events                                    |    |      |
| 6 | Payment for expert testimony                                                |    |      |
| 7 | Support for attending meetings and/or travel                                 |    |      |
| 8 | Patents planned, issued or pending                                           |    |      |
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|   | services                                                                     |    |      |
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