ICMJE DISCLOSURE FORM

Date: ____2021-10-23______________________________
Your Name: Wentao Ji

Manuscript Title: Efficacy and safety of neostigmine for neuromuscular blockade reversal in patients under general anesthesia: a systematic review and meta-analysis
Manuscript number (if known): ATM-21-5667

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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|   | Time frame: Since the initial planning of the work | Time frame: past 36 months |
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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 |
|   | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 3 | Royalties or licenses | ____X_None |
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|   | Question                                                                 | Answer |
|---|--------------------------------------------------------------------------|--------|
| 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.
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| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _X_None<br>**Time frame: past 36 months** |
| **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 |
|---|---------------------------------------------------------------|---------|
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ICMJE DISCLOSURE FORM

Date: 2021-10-23
Your Name: Jia Liu
Manuscript Title: Efficacy and safety of neostigmine for neuromuscular blockade reversal in patients under general anesthesia: a systematic review and meta-analysis
Manuscript number (if known): ATM-21-5667

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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                                                                         |
|   | Description                                                                 | \_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 |
|  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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ICMJE DISCLOSURE FORM

Date: _____ 2021-10-23 ______________________________________
Your Name: ____ Guolin Sun ____________________________________________
Manuscript Title: ____ Efficacy and safety of neostigmine for neuromuscular blockade reversal in patients under general anesthesia: a systematic review and meta-analysis __________
Manuscript number (if known): __ ATM-21-5667 __________________________________________________________

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| 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 |
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ICMJE DISCLOSURE FORM

Date: 2021-10-23

Your Name: Xiandong Wang

Manuscript Title: Efficacy and safety of neostigmine for neuromuscular blockade reversal in patients under general anesthesia: a systematic review and meta-analysis

Manuscript number (if known): ATM-21-5667

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| 3 | Royalties or licenses | _X_None |
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|   | Description                                                                 | Agreement  |
|---|-----------------------------------------------------------------------------|------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | _X_None    |
|   | manuscript writing or educational events                                    |            |
| 6 | Payment for expert testimony                                                | _X_None    |
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|   | group, paid or unpaid                                                        |            |
| 11| Stock or stock options                                                       | _X_None    |
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|   | services                                                                     |            |
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**ICMJE DISCLOSURE FORM**

Date: _____ 2021-10-23

Your Name: Lulong Bo

Manuscript Title: Efficacy and safety of neostigmine for neuromuscular blockade reversal in patients under general anesthesia: a systematic review and meta-analysis

Manuscript number (if known): ATM-21-5667

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| 4  | Consulting fees                                                                                   | __X_None                                                                          |

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None
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Date: ___ 2021-10-23

Your Name: Xiaoming Deng

Manuscript Title: Efficacy and safety of neostigmine for neuromuscular blockade reversal in patients under general anesthesia: a systematic review and meta-analysis

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| 3 | Royalties or licenses                                                                         | _X_None                                                                                   |
| 4 | Consulting fees                                                                               | _X_None                                                                                   |

Time frame: Since the initial planning of the work

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