

ICMJE DISCLOSURE FORM

Date: Aug. 4th, 2024

Your Name: Yu Cai

Manuscript Title: Intragallbladder versus Intravenous Indocyanine Green (ICG) Injection for Enhanced Bile Duct Visualization by Fluorescent Cholangiography during Laparoscopic Cholecystectomy: A Retrospective Cohort Study

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) |
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| Time frame: Since the initial planning of the work | | | |
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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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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> X <input type="checkbox"/> None | |

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

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| None. |
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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: 28/05/2024

Your Name: Qiangxing Chen

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intragallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

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.

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ICMJE DISCLOSURE FORM

Date: 28/05/2024

Your Name: Ke Cheng

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intragallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 28/05/2024

Your Name: Zixin Chen

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intragallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

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.

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ICMJE DISCLOSURE FORM

Date: 28/05/2024

Your Name: Shangdi Wu

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intragallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

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.

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ICMJE DISCLOSURE FORM

Date: 28/05/2024

Your Name: Zhong Wu

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intragallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

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ICMJE DISCLOSURE FORM

Date: 28/05/2024

Your Name: Xin Wang

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intragallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 28/05/2024

Your Name: Yongbin Li

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intragallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

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.

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ICMJE DISCLOSURE FORM

Date: 24/05/2024

Your Name: Andrea Balla

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intragallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 25/05/2024

Your Name: Anurag Singh

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intra - gallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

Manuscript number (if known): Unknown

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

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| None |
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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: 28/05/2024

Your Name: He Cai

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intragallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

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.

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ICMJE DISCLOSURE FORM

Date: 28/05/2024

Your Name: Pan Gao

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intragallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 28/05/2024

Your Name: Yunqiang Cai

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intragallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

Manuscript number (if known):

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Date: 28/05/2024

Your Name: Bing Peng

Manuscript Title: A comparative analysis of indocyanine green administration: peripheral intravenous injection versus intragallbladder injection for laparoscopic cholecystectomy—a retrospective cohort study

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