ICMJE DISCLOSURE FORM

Date: August 4, 2022

Your Name: OLIVIER CHAZOUILLERES

Manuscript Title: : Low Phospholipid Associated Cholelithiasis Syndrome: Genotype-Phenotype Association of Magnetic Resonance Features.

Manuscript Number (if known): JHEPR-D-22-00093

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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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.**	☒ **None**	
		None	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
		None	
3	Royalties or licenses	☒ **None**	
		None	

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4	Consulting fees	☐ **None**	
		MAYOLY SPINDLER	Payments made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
		NONE	
6	Payment for expert testimony	☒ **None**	
		NONE	
7	Support for attending meetings and/or travel	☒ **None**	
		NONE	
8	Patents planned, issued or pending	☒ **None**	
		NONE	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
		NONE	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
		NONE	

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11	Stock or stock options	☒ **None**	
		NONE	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
		NONE	
13	Other financial or non-financial interests	☒ **None**	
		NONE	

Please place an "X" next to the following statement to indicate your agreement:

☒ 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: 6/8/2022

Your Name: CGRISTOPHE CORPECHOT

Manuscript Title: : Low Phospholipid Associated Cholelithiasis Syndrome: Genotype-Phenotype Association of Magnetic Resonance Features.

Manuscript Number (if known): JHEPR-D-22-00093

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ICMJE DISCLOSURE FORM

Date: 8/21/2022

Your Name: CATHERINE DONG

Manuscript Title: : Low Phospholipid Associated Cholelithiasis Syndrome: Genotype-Phenotype Association of Magnetic Resonance Features.

Manuscript Number (if known): JHEPR-D-22-00093

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ICMJE DISCLOSURE FORM

Date: 6/8/2022

Your Name: EDOUARD CHAMBENOIS

Manuscript Title: : Low Phospholipid Associated Cholelithiasis Syndrome: Genotype-Phenotype Association of Magnetic Resonance Features.

Manuscript Number (if known): JHEPR-D-22-00093

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ICMJE DISCLOSURE FORM

Date: 8/4/2022

Your Name: LIONEL ARRIVE

Manuscript Title: : Low Phospholipid Associated Cholelithiasis Syndrome: Genotype-Phenotype Association of Magnetic Resonance Features.

Manuscript Number (if known): JHEPR-D-22-00093

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ICMJE DISCLOSURE FORM

Date: 8/4/2022

Your Name: MOUSTAFA BIYOUKAR

Manuscript Title: : Low Phospholipid Associated Cholelithiasis Syndrome: Genotype-Phenotype Association of Magnetic Resonance Features.

Manuscript Number (if known): JHEPR-D-22-00093

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ICMJE DISCLOSURE FORM

Date: 8/21/2022

Your Name: MICKAEL TORJMAN

Manuscript Title: : Low Phospholipid Associated Cholelithiasis Syndrome: Genotype-Phenotype Association of Magnetic Resonance Features.

Manuscript Number (if known): JHEPR-D-22-00093

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ICMJE DISCLOSURE FORM

Date: 6/8/2022

Your Name: QUENTIN VANDERBECQ

Manuscript Title: : Low Phospholipid Associated Cholelithiasis Syndrome: Genotype-Phenotype Association of Magnetic Resonance Features.

Manuscript Number (if known): JHEPR-D-22-00093

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ICMJE DISCLOSURE FORM

Date: 8/21/2022

Your Name: RAPHEL JOMAAH

Manuscript Title: : Low Phospholipid Associated Cholelithiasis Syndrome: Genotype-Phenotype Association of Magnetic Resonance Features.

Manuscript Number (if known): JHEPR-D-22-00093

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ICMJE DISCLOSURE FORM

Date: 6/8/2022

Your Name: SANAA EL MOUHADI

Manuscript Title: : Low Phospholipid Associated Cholelithiasis Syndrome: Genotype-Phenotype Association of Magnetic Resonance Features.

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ICMJE DISCLOSURE FORM

Date: 8/21/2022

Your Name: SARA LEMOINNE

Manuscript Title: : Low Phospholipid Associated Cholelithiasis Syndrome: Genotype-Phenotype Association of Magnetic Resonance Features.

Manuscript Number (if known): JHEPR-D-22-00093

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Date: 8/21/2022

Your Name: VERONIQUE BARBU

Manuscript Title: : Low Phospholipid Associated Cholelithiasis Syndrome: Genotype-Phenotype Association of Magnetic Resonance Features.

Manuscript Number (if known): JHEPR-D-22-00093

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