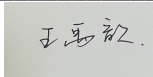


## ICMJE DISCLOSURE FORM

Date: 2022-10-27

Your Name: YUXIN WANG



Manuscript Title: Intrahepatic portal vein variant: A single dilated intrahepatic portal vein coursing to the umbilical fissure without second-order branches

Manuscript number (if known): HBSN-22-516

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		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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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:**

<p>No conflict of interest to declare.</p>
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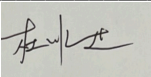
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**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 2022-10-27

Your Name: Shunda Du



Manuscript Title: Intrahepatic portal vein variant: A single dilated intrahepatic portal vein coursing to the umbilical fissure without second-order branches

Manuscript number (if known): HBSN-22-516

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