

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Yip 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Stefanie Wai Yin	•	2. Surname (Last Nam Yip	ne)	3. Date 22-May-2020
4. Are you the cor	responding author?	✓ Yes No		
5. Manuscript Title Adrenal and ren	e al abscesses following	glue embolization of o	gastric varices	
6. Manuscript Ide QIMS-19-1026	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Pu	ıblication	
any aspect of the s statistical analysis,	submitted work (including	but not limited to gran	ts, data monitoring board, study	commercial, private foundation, etc.) for design, manuscript preparation,
Section 3.				
Place a check in a of compensation clicking the "Add	the appropriate boxes in with entities as descr	in the table to indicate ibed in the instruction port relationships that	s. Use one line for each entity	relationships (regardless of amount y; add as many lines as you need by 5 months prior to publication.
Section 4.	Intellectual Prope	ty Patents & Cop	yrights	
Do you have any	patents, whether plan	ned, pending or issue	d, broadly relevant to the wo	rk? Yes 🗸 No

Yip 2



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Section 1. Id	entifying Informa	ation		
1. Given Name (First N Yan Lin	lame)	2. Surname (Last Name) Li		3. Date 05-September-2020
4. Are you the corresp	onding author?	☐ Yes ✓ No	Corresponding Author's Nar Stefanie Yip	me
5. Manuscript Title Adrenal and renal ab	oscesses following gl	lue embolization of gas	tric varices	
6. Manuscript Identifyi QIMS-19-1026	ing Number (if you kno	ow it)		
Section 2. Th	e Work Under Co	nsideration for Pub	lication	
	nitted work (including l)?	but not limited to grants,	m a third party (government, cor data monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
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CHU 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii YIN LUN EDWAR		2. Surname (Last Name) CHU	3. Date 12-May-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Stefanie Yip
5. Manuscript Title Adrenal and rena		glue embolization of gastr	ic varices
6. Manuscript Ider QIMS-19-1026	ntifying Number (if you kr	now it)	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

CHU 2



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patent

Mak 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Yuen Hei	rst Name)	2. Surname (Last Name) Mak	3. Date 14-May-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Dr. Stefanie Yip
5. Manuscript Title Adrenal and rena		glue embolization of gastr	ic varices
6. Manuscript Ider QIMS-19-1026	ntifying Number (if you kr	now it)	
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Mak 2



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_	identifying imorn	lation	
1. Given Name (Fi Jason Yu-Yin	rst Name)	2. Surname (Last Name) Li	3. Date 17-May-2020
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Dr. Stefanie Yip
5. Manuscript Title Adrenal and ren		glue embolization of gastr	ic varices
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5. Manuscript Title Adrenal and rena		glue embolization of gastr	ic varices	
6. Manuscript Iden QIMS-19-1026	itifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the su statistical analysis, o	ubmitted work (including	but not limited to grants, da	a third party (government, con ta monitoring board, study des	nmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	se one line for each entity; ac	ationships (regardless of amount dd as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes 🗸 No



Section 5.					
Section 5.	Relationships not covered above				
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?				
Yes, the follo	Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest				
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.				
Section 6.	Disclosure Statement				
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Lee has noth	ing to disclose.				

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Raymand		2. Surname (Last Name) Lee	3. Date 11-May-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Dr. Stefanie Yip	
5. Manuscript Title Adrenal and renal abscesses following glue		glue embolization of gastr	ic varices	
6. Manuscript Identifying Number (if you know it) QIMS-19-1026				
Section 2. The Work Under Consideration for Publication				
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo				
Section 3.	Polovant financial	activities outside the s	ubmitted work	
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Section 4.	Intellectual Proper	ty Patents & Copyric	yhts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				



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Relationships not covered above			
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Section 6. Disclosure Statement			
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.			
Dr. Lee has nothing to disclose.			

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