

## ICMJE DISCLOSURE FORM

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| Date:                         | 09/24/2024  |
| Your Name:                    | Prasad Rajalingamgari   |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | 184785-JCI-CMED-RV-2  |

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 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.

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| Time frame: past 36 months                         |  |  |   |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| Your Name:                    | Biswajit Khatua   |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | 184785-JCI-CMED-1   |

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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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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|   |  | <b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>   | <b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b> |  |  |  |  |  |  |
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| <b>11</b>   | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |
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| <b>13</b>   | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |  |   |  |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

|                               |   |
|-------------------------------|---|
| Date:                         | 9/24/2024   |
| Your Name:                    | Sergiy Kostenko   |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | 184785-JCI-CMED-1   |

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 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)   |  |  |  |  |  |   |
|--|--|--|---|--|--|--|--|--|---|
| Time frame: Since the initial planning of the work |  |  |   |  |  |  |  |  |   |
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   | <table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| Time frame: past 36 months                         |  |  |   |  |  |  |  |  |   |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   | <table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>  |  |  |  |  |  |   |
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| 3  | Royalties or licenses  | <input checked="" type="checkbox"/> None   | <table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>  |  |  |  |  |  |   |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |  |
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|   |  | <b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>   | <b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b> |  |  |  |  |  |  |
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## ICMJE DISCLOSURE FORM

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| Date:                         | 9/24/2024   |
| Your Name:                    | Mohamed Elmallahy   |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | 184785-JCI-CMED-1   |

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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| 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).   | <input checked="" type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>13</b>   | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |  |   |  |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

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| Date:                         | 9/24/2024   |
| Your Name:                    | Arti Anand  |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | 184785-JCI-CMED-1   |

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 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) |  |  |  |  |  |  |
|--|--|---|---|--|--|--|--|--|--|
| Time frame: Since the initial planning of the work |  |   |   |  |  |  |  |  |  |
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; margin-top: -10px;">Click the tab key to add additional rows.</div> |   |  |  |  |  |  |  |
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| Time frame: past 36 months                         |  |   |   |  |  |  |  |  |  |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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|   |  | <b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>   | <b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b> |  |  |  |  |  |  |
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| <b>11</b>   | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |
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| <b>12</b>   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |
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| <b>13</b>   | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |  |   |  |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

|                               |   |
|-------------------------------|---|
| Date:                         | 9/24/2024   |
| Your Name:                    | Bryce McFayden  |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | 184785-JCI-CMED-1   |

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 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) |  |  |  |  |  |  |
|--|--|---|---|--|--|--|--|--|--|
| Time frame: Since the initial planning of the work |  |   |   |  |  |  |  |  |  |
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; margin-top: -10px;">Click the tab key to add additional rows.</div> |   |  |  |  |  |  |  |
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| 2  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |  |  |  |  |  |  |
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## ICMJE DISCLOSURE FORM

|                               |   |
|-------------------------------|---|
| Date:                         | 9/24/2024   |
| Your Name:                    | Anoop Narayana Pillai   |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | 184785-JCI-CMED-1   |

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| 2  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> None  | <table border="1" style="width: 100%;"><tr><td style="width: 50%;">American Pancreatic Association</td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>           | American Pancreatic Association |  |  |  |  |   |
| American Pancreatic Association                    |  |  |   |                                 |  |  |  |  |   |
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| 3  | Royalties or licenses  | <input checked="" type="checkbox"/> None   | <table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>  |                                 |  |  |  |  |   |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |
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**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:                         | 9-24-24   |
| Your Name:                    | Mahmoud Morsy   |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | Click or tap here to enter text.  |

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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|  |  | 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) |
|--|--|---|---|
| Time frame: Since the initial planning of the work |  |   |   |
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="text"/> <input type="text"/><br/> <input type="text"/> <input type="text"/><br/> <input type="text"/> <input type="text"/> </div> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div> |   |
| Time frame: past 36 months                         |  |   |   |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None<br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="text"/> <input type="text"/><br/> <input type="text"/> <input type="text"/><br/> <input type="text"/> <input type="text"/> </div>  |   |
| 3  | Royalties or licenses  | <input checked="" type="checkbox"/> None<br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="text"/> <input type="text"/><br/> <input type="text"/> <input type="text"/><br/> <input type="text"/> <input type="text"/> </div>  |   |

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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form. X</p> |   |  |   |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

|                               |   |
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| Date:                         | 9/24/2024   |
| Your Name:                    | Shubham Trivedi   |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | <a href="#">Click or tap here to enter text.</a>  |

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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| <b>11</b>   | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |
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| <b>12</b>   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |
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| <b>13</b>   | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |  |   |  |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

|                               |   |
|-------------------------------|---|
| Date:                         | 09/24/24  |
| Your Name:                    | Sarah Jahangir  |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | Click or tap here to enter text.  |

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 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 |  |   |   |  |  |  |  |  |  |
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; margin-top: -10px;">Click the tab key to add additional rows.</div> |   |  |  |  |  |  |  |
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| Time frame: past 36 months                         |  |   |   |  |  |  |  |  |  |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |  |  |  |  |  |  |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |  |  |
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| <b>10</b>   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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## ICMJE DISCLOSURE FORM

|                               |   |
|-------------------------------|---|
| Date:                         | 9/24/2024   |
| Your Name:                    | Yu-Hui H Chang  |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | 184785-JCI-CMED-RV-2  |

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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| Time frame: Since the initial planning of the work |  |   |   |  |  |  |  |  |  |
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; margin-top: -10px;">Click the tab key to add additional rows.</div> |   |  |  |  |  |  |  |
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| Time frame: past 36 months                         |  |   |   |  |  |  |  |  |  |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |  |  |  |  |  |  |
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| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>11</b>   | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |
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## ICMJE DISCLOSURE FORM

|                               |   |
|-------------------------------|---|
| Date:                         | 9/24/2024   |
| Your Name:                    | Christine Snozek  |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | 184785-JCI-CMED-RV-2  |

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 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.

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| Time frame: Since the initial planning of the work |  |  |   |  |  |  |  |  |   |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |  |   |  |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

|                               |   |
|-------------------------------|---|
| Date:                         | 9/23/2024   |
| Your Name:                    | Vijay P. Singh  |
| Manuscript Title:             | Prospective observational study and mechanistic evidence showing lipolysis of circulating triglycerides worsens hypertriglyceridemic acute pancreatitis |
| Manuscript Number (if known): | 184785-JCI-CMED-1   |

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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