

## ICMJE DISCLOSURE FORM

**Date:** 01/25/2026

**Your Name:** Yan Huang

**Manuscript Title:** Estrogen Deficiency and Risk of Hearing Loss in Pediatric Turner Syndrome

**Manuscript Number (if known):** 197932-JCI-CRPH-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.

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)						
<b>Time frame: Since the initial planning of the work</b>									
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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:** 01/25/2026

**Your Name:** Liyang Liang

**Manuscript Title:** Estrogen Deficiency and Risk of Hearing Loss in Pediatric Turner Syndrome

**Manuscript Number (if known):** 197932-JCI-CRPH-RV-2

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## ICMJE DISCLOSURE FORM

**Date:** 01/25/2026

**Your Name:** Yanfang Ye

**Manuscript Title:** Estrogen Deficiency and Risk of Hearing Loss in Pediatric Turner Syndrome

**Manuscript Number (if known):** 197932-JCI-CRPH-RV-2

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**Date:** 01/25/2026

**Your Name:** Lina Zhang

**Manuscript Title:** Estrogen Deficiency and Risk of Hearing Loss in Pediatric Turner Syndrome

**Manuscript Number (if known):** 197932-JCI-CRPH-RV-2

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## ICMJE DISCLOSURE FORM

**Date:** 01/25/2026

**Your Name:** Zhe Meng

**Manuscript Title:** Estrogen Deficiency and Risk of Hearing Loss in Pediatric Turner Syndrome

**Manuscript Number (if known):** 197932-JCI-CRPH-RV-2

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## ICMJE DISCLOSURE FORM

**Date:** 01/25/2026

**Your Name:** Wei Liu

**Manuscript Title:** Estrogen Deficiency and Risk of Hearing Loss in Pediatric Turner Syndrome

**Manuscript Number (if known):** 197932-JCI-CRPH-RV-2

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## ICMJE DISCLOSURE FORM

**Date:** 01/25/2026

**Your Name:** Jia Guo

**Manuscript Title:** Estrogen Deficiency and Risk of Hearing Loss in Pediatric Turner Syndrome

**Manuscript Number (if known):** 197932-JCI-CRPH-RV-2

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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## ICMJE DISCLOSURE FORM

**Date:** 01/25/2026

**Your Name:** Zhen Zhao

**Manuscript Title:** Estrogen Deficiency and Risk of Hearing Loss in Pediatric Turner Syndrome

**Manuscript Number (if known):** 197932-JCI-CRPH-RV-2

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## ICMJE DISCLOSURE FORM

**Date:** 01/25/2026

**Your Name:** Zhigang Zhang

**Manuscript Title:** Estrogen Deficiency and Risk of Hearing Loss in Pediatric Turner Syndrome

**Manuscript Number (if known):** 197932-JCI-CRPH-RV-2

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**Your Name:** Yu Si

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