ICMJE DISCLOSURE FORM

Date: 4/7/2026

Your Name: Kamila Agnieszka Kwiatek-Średzińska

Manuscript Title: Usefulness of urinary trypsinogens and trypsinogen activation peptide as biomarkers in paediatric acute pancreatitis: A prospective observational study

Manuscript Number (if known): 119619

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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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.

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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.) **No time limit for this item.**	☐ None	
		Supported by the Medical University of Bialystok, Poland, No. SUB/1/DN/22/002/1143 and B.SUB.26.422.	
			Click the tab key to add additional rows.
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2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
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8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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