

ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: [Laure Elkrief]

Manuscript Title: [Management of splanchnic vein thrombosis]

Manuscript Number (if known): JHEPR-D-22-00186

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					
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Bayer, Gilead, Abbvie, Ipsen</td> <td>Speaker fees</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Bayer, Gilead, Abbvie, Ipsen	Speaker fees					
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Gilead, Biotest</td> <td>Support for attending meetings</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Gilead, Biotest	Support for attending meetings					
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td>1.</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	1.						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 347 1493 450"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 560 1493 663"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 768 1493 871"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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Your Name: Payancé

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: Aurélie plessier

Manuscript Title: Management of splanchnic vein thrombosis

Manuscript Number (if known): JHEPR-D-22-00186

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Your Name: Louis d'Alteroche

Manuscript Title: Management of splanchnic vein thrombosis

Manuscript Number (if known): JHEPR-D-22-00186

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Date: 7/18/2022

Your Name: Maxime Ronot

Manuscript Title: Management of splanchnic vein thrombosis

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		GE Healthcare, Ipsen, Canon-Toshiba, Alexion Pharmaceuticals, Guerbet, and Sirtex	Honoraria for lectures
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Date: 7/18/2022

Your Name: Paradis Valerie

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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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: 7/18/2022

Your Name: Dominique Charles Valla

Manuscript Title: Management of splanchnic vein thrombosis

Manuscript Number (if known): JHEPR-D-22-00186

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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ICMJE DISCLOSURE FORM

Date: 7/18/2022

Your Name: [Pierre-Emmanuel Rautou]

Manuscript Title: [Management of splanchnic vein thrombosis]

Manuscript Number (if known): JHEPR-D-22-00186

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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<p>9 Participation on a Data Safety Monitoring Board or Advisory Board</p>	<p><input checked="" type="checkbox"/> None</p>	
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