

## ICMJE DISCLOSURE FORM

Date: 23 January  
2023

Your Name: Alan Ducatman

**Manuscript Title:** Per- and polyfluoroalkyl substances and fatty liver disease and liver function markers in the US adults: NHANES 2017–2018

**Manuscript number (if known):** JHEPR-D-22-0075

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	No funding was received to support this work
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	Paid consultant for medical monitoring contract regarding PFOA water contamination in the towns of Hoosick Falls and Petersburgh NY, and Bennington VT
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 type="checkbox"/> None	Paid consultant regarding the legal settlement framework for these medical monitoring contracts regarding PFOA water contamination in Hoosick Falls and Petersburgh, NY, and Bennington VT Paid Consultant for PFAS contamination in the Western District of Michigan.
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 type="checkbox"/> None	Science Advisory Board Member, PFAS "REACH" Grant 1R01ES028311-OA1A PI Laurel Schaidler
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	Expert Committee Member for planning an of US National Academy of Sciences, Engineering and Medicine Workshop entitle "Workshop on Federal Government Human Health PFAS Research
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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:

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: 01/23/2023

Your Name: Chuanjie Deng

Manuscript Title: Per- and polyfluoroalkyl substances and fatty liver disease and liver function markers in the US adults: NHANES 2017–2018

Manuscript number (if known): JHEPR-D-22-0075

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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: 1/23/23

Your Name: Christopher J. Danford

Manuscript Title: Per- and polyfluoroalkyl substances and fatty liver disease and liver function markers in the US adults: NHANES 2017–2018

Manuscript number (if known): JHEPR-D-22-0075

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <u>X</u> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <u>X</u> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <u>X</u> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <u>X</u> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <u>X</u> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> None	

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X 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: 1/26/2023

Your Name: Katherine Ellen von Stackelberg

**Manuscript Title:** Per- and polyfluoroalkyl substances and fatty liver disease and liver function markers in the US adults: NHANES 2017–2018

**Manuscript number (if known):** JHEPR-D-22-0075

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>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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	
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## ICMJE DISCLOSURE FORM

Date: 01/23/2023

Your Name: Longgang Zhao

Manuscript Title: Per- and polyfluoroalkyl substances and fatty liver disease and liver function markers in the US adults: NHANES 2017–2018

Manuscript number (if known): JHEPR-D-22-0075

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
3	Royalties or licenses	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
4	Consulting fees	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	

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

Date: 1/25/2023

Your Name: Xuehong Zhang

Manuscript Title: Per- and polyfluoroalkyl substances and fatty liver disease and liver function markers in the US adults: NHANES 2017–2018

Manuscript number (if known): JHEPR-D-22-0075

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	I am supported by some NIH funds, but none of them directly support the current manuscript.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
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