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.

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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	
1	All support for the present	xNone	No funding was received to support this work
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	

4	Consulting fees	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	xNone	
6	Payment for expert testimony	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	_xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	Science Advisory Board Member, PFAS "REACH" Grant 1R01ES028311-OA1A PI Laurel Schaider
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this

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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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
_		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

lectures, presentations, speakers bureaus, manuscript writing or educational events	5	Payment or honoraria for	None	
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 Patricipation 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 None		-		
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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 None				
testimony				
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 None	6		None	
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meetings and/or travel				
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 None	7		None	
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pending				
pending				
pending				
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 None	8	Patents planned, issued or	None	
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Safety Monitoring Board or Advisory Board Image: mathematical system in other board, society, committee or advocacy group, paid or unpaid Image: mathematical system in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options Image: mathematical system in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options Image: mathematical system in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options Image: mathematical system in other board, society, committee or advocacy group, paid or unpaid 12 Receipt of equipment, materials, drugs, medical Image: mathematical system in other board, society, committee or advocacy group, paid or unpaid				
Advisory Board	9		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 None				
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committee or advocacy group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical None	10		None	
group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical None		-		
11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical None				
12 Receipt of equipment, materials, drugs, medical None	11		None	
materials, drugs, medical	11	SLOCK OF SLOCK OPTIONS		
materials, drugs, medical				
materials, drugs, medical	12	Receipt of equipment	None	
	12			
		writing, gifts or other		
services				
13 Other financial or non- None	13	Other financial or non-	None	
financial interests		financial interests		

____ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	1/23/23	
Your Name:	Christopher J. Da	nford
Manuscript Title: Per- a	nd polyfluoroalkyl substand	ces and fatty liver disease and liver function markers in
the US adults: NHAN	ES 2017–2018	
Manuscript number (if kr	nown): 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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		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.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	_XNone

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this 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

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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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

			1
5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel		
•	Detents planned issued on	Negative Neg	
8	Patents planned, issued or	x_None	
	pending		
-			
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	x_None	
1	materials, drugs, medical		
1	writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this 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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	VNone	
3	Royalties or licenses	√None	
4	Consulting fees	√None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	VNone
7	Support for attending meetings and/or travel	VNone
8	Patents planned, issued or pending	√None
9	Participation on a Data Safety Monitoring Board or Advisory Board	VNone
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

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Date:_____1/23/2023___

Your Name: _____ Xinyuan 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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		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	x_None
7	Support for attending meetings and/or travel	x_None
8	Patents planned, issued or pending	x_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None
11	Stock or stock options	x_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None
13	Other financial or non- financial interests	x_None

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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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		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	I am supported by some NIH funds, but none of them directly support the current manuscript.		
	Time frame: past 36 months				
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	

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