Date:	1/3/2023
Your Name:	Anca Trifan
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682

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.	[⊠] None	Click the tab key to add additional rows.
		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	

		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)
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	

		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)
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	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:		

3 12/13/2021 ICMJE Disclosure Form

Date:	1/3/2022
Your Name:	André Daniel Lopes Simão
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682

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		Time frame: past 36 month	s
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3	Royalties or licenses	None	

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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	

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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	
Plea	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.		

Date:	1/3/2023
Your Name:	Andreas Posch
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682

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3	Royalties or licenses	None None	

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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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/2/2023	
Your Name:	Angela Carvalho-Gomes	
Manuscript Title: Cirrhosis associates with lower serology responses to COVID-19 vaccines patients with chronic liver disease: a multicenter European study		
Manuscript Number (if known):	JHEPR-D-22-00682	
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3	Royalties or licenses	None	

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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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/2/2023
Your Name:	Antonella Putignano
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682
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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	

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

Date:	1/2/2023
Your Name:	Carlos Jorge Trindade Araújo
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682
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3	Royalties or licenses	None	

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4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
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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	
Plea	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.		

Date:	1/2/2023		
Your Name:	Carolina Santos Palma		
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study		
Manuscript Number (if known):	Manuscript Number (if known): JHEPR-D-22-00682		
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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	

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

Date:	1/5/2023	
Your Name:	Christophe Moreno	
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study	
Manuscript Number (if known): JHEPR-D-22-00682		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the		

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2	Grants or contracts from any entity (if not indicated in item #1 above).	[□] None  Gilead	
3	Royalties or licenses	None None	

		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)	
5	Consulting fees  Payment or	Abbvie Pfizer Novartis Gilead Surrozen Julius Clinical	Siemens	5 5
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Bayer, Astellas, Gilead, Julius Clinical, Novartis		
6	Payment for expert testimony	[⊠] None		
7	Support for attending meetings and/or travel	Abbvie Gilead Norgine		
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		

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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	
Plea [⊠]	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.		

3 12/13/2021 ICMJE Disclosure Form

Deter	4/5/2022
Date:	1/6/2023
Your Name:	Delphine Degré
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682
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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.	

		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)
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3	Royalties or licenses	None None □	

		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)
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	

		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)
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	
Plea [⊠]	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.		

3 12/13/2021 ICMJE Disclosure Form

Date:	1/5/2023
Your Name:	Diogo Alexandre Espada Fernandes
Manuscript Title:	[Cirrhosis associates with lower serology responses to COVID-19 vaccines inpatients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682

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4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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    Output   Outp
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None

		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)
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.			

Date:	1/5/2023
Your Name:	Elia Spagnolo
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines inpatients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682

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4	Consulting fees	None     Non	
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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	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.		

Date:	1/5/2023
Your Name:	Francesco Paolo Russo
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines inpatients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682

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.

			ntities with whom you have this p 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
	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.	[⊠] Non-	Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] Non		
3	Royalties or licenses	⊠ Non	e	

		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)
4	Consulting fees	None     Non	
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	

		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)
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	
Plea	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.		

Date:	4/1/2023	
Your Name:	Helena Cortez-Pinto	
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study	
Manuscript Number (if known): JHEPR-D-22-00682		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the		

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		Time frame: past 36 months	
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3	Royalties or licenses	None None	

		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)
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	

		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)
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	
Plea	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.		

Date:	1/3/2023		
Your Name:	Irina Girleanu		
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study		
Manuscript Number (if known):	JHEPR-D-22-00682		
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			

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		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	

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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	

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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	
Plea 🖂	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.		

Date:	1/3/2023
Your Name:	[Iván Sahuco
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682

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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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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	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠ ] None	
3	Royalties or licenses	[⊠] None	

		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)
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	

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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	
Plea [⊠]	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.		

Date: 1/3/2023			
Your Name:	Jesus M Banales		
Manuscript Title: Cirrhosis associates with lower serology responses to COVID-19 vaccines patients with chronic liver disease: a multicenter European study			
Manuscript Number (if known):	Manuscript Number (if known): JHEPR-D-22-00682		
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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	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠ ] None	
3	Royalties or licenses	[⊠] None	

		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)
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	

		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)
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	
Plea [⊠]	•	t to the following statement to indicate your agreement to answered every question and have not altered the wor	

Date	e:	1/6/2023
Your Name:		Joao Goncalves
Mar	nuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Mar	nuscript Number (if k	known): [Click or tap here to enter text.]
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitie		arency, we ask you to disclose all relationships/activities/interests listed below that are related to the ript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily e in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  ps/activities/interests should be defined broadly. For example, if your manuscript pertains to the ension, you should declare all relationships with manufacturers of antihypertensive medication, even if tentioned in the manuscript.
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript without time limit. For all other items, the time ne 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)
		Time frame: Since the initial planning of the work
	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.	Astra-Zeneca FCT – Fundacao para a Ciencia e Tecnologia  Click the tab key to add additional rows.
		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Astra-Zeneca FCT – Fundacao para a Ciencia e Tecnologia
3	Royalties or licenses	None None

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Pfizer Astra-Zeneca Lilly	Sanofi Boehringer Ingelheim Viatris
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	

		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)
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	
Plea	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.		

Date:	1/3/2023
Your Name:	Laura Izquierdo-Sanchez
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682
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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)
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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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠ ] None	
3	Royalties or licenses	[⊠] None	

		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)
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	

		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)
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	
Plea [⊠]	•	to the following statement to indicate your agreement answered every question and have not altered the wor	

	ICIVIJE DISCLOSORE FORIVI
Date:	5/1/2023
Your Name:	Manuel Romero-Gómez
Manuscript Title: Cirrhosis associates with lower serology responses to COVID-19 vaccines patients with chronic liver disease: a multicenter European study	
Manuscript Number (if known):	JHEPR-D-22-00682
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.	

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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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Siemens Gilead Intercept	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	Abbvie Alpha-sigma	Axcella BMS
		Allergan Astra-Zeneca Inventia Kaleido Novo-Nordisk Pfizer	Boehringer-Ingelheim Gilead  Ryuthiús  Kieleridos  Shosniegito  Subsidia
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None   Inventia   Sobi   Novo-Nordisk	Rubió Novo-Nordisk Shionogi
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None   Abbvie   Gilead	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Galmed	
10	Leadership or fiduciary role in other board, society, committee or	[⊠] None	

		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)
	advocacy group, paid or unpaid	<u> </u>	
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:     Signal		

Date:	1/3/2023	
Your Name:	Mariana Moura Henrique  [Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study	
Manuscript Title:		
Manuscript Number (if known): JHEPR-D-22-00682		
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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		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None     Non	
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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea	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.			

Date:		<u>-</u>	1/3/2023		
Your Name:		-	Marina Berenguer		
Manuscript Title:		-	Cirrhosis associates with lower sero patients with chronic liver disease: a	ogy responses to COVID-19 vaccines in multicenter European study	
Mar	nuscript Number (if kr	nown):	JHEPR-D-22-00682		
content of your manuscript. "Rela affected by the content of the man					
epic	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 frame for disclosure is the past 36 r				rithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			<del>-</del>	made to you or to your institution)	
1	All support for the	relations	hip or indicate none (add rows as needed)	made to you or to your institution)	
1		relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)  of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)  of the work	
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relations	Time frame: Since the initial planning one	of the work  Click the tab key to add additional rows.	
	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.	relations  No	Time frame: Since the initial planning one  Time frame: Time frame: past 36 month	of the work  Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relations  No	Time frame: Since the initial planning one	of the work  Click the tab key to add additional rows.	
	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.  Grants or contracts from any entity (if not	relations  No	Time frame: Since the initial planning one  Time frame: Time frame: past 36 month	of the work  Click the tab key to add additional rows.	
	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.  Grants or contracts from	relations  [⊠] No	Time frame: Since the initial planning one  Time frame: Time frame: past 36 month	made to you or to your institution)  of the work  Click the tab key to add additional rows.	

Royalties or

licenses

**⊠** None

		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)
4	Consulting fees	□ None	
		Advanz, Deep-Genomics, Orphalan, Alexion	Payments to me
5	Payment or honoraria for	□ None	
	lectures, presentations,	Gilead, Abbvie, Advanz, Orphalan	Payments to me
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for	[⊠] None	
	expert testimony		
7	Support for attending	[⊠] None	
	meetings and/or travel		
8	Patents planned, issued or	[⊠] None	
	pending		
9	Participation on a Data Safety	□ None	
	Monitoring Board or Advisory Board	Orphalan	Data safety monitoring board in a trial
10	Leadership or fiduciary role in	[□] None	
	other board, society,	Past ILTS President	
	committee or advocacy group,		
	paid or unpaid		

		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)	
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		
Plea	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.			

Date:	1/2/2023
Your Name:	Miguel Moura
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682

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.

		all entities with whom you have this nship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
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	

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

Date:	1/2/2023
Your Name:	Paola Zanaga
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682

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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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea	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.			

Date:	1/2/2023
Your Name:	Rudolf Stauber
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682

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Date:	1/2/2023
Your Name:	Rui Eduardo Mota Castro
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682
In the statement of the control of	

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13	Other financial or non-financial interests	[⊠] None	
Plea	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.		

Date:	1/2/2023	
Your Name: Sofia Carvalhana		
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study	
Manuscript Number (if known): JHEPR-D-22-00682		
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Date:	1/2/2023
Your Name:	Thierry Gustot
Manuscript Title:	Cirrhosis associates with lower serology responses to COVID-19 vaccines in patients with chronic liver disease: a multicenter European study
Manuscript Number (if known):	JHEPR-D-22-00682

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