

ICMJJE DISCLOSURE FORM

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.

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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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: 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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Angela Carvalho-Gomes

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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ICMJE DISCLOSURE FORM

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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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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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	<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: 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): 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								
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

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 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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4	Consulting fees	<input type="checkbox"/> None	
		Abbvie	
		Pfizer	
		Novartis	
		Gilead	
		Surrozen	Rubió
		Julius Clinical	Siemens
	Shionogi		
	Sobi		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Bayer, Astellas, Gilead, Julius Clinical, Novartis	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Abbvie	
		Gilead	
		Norgine	
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ICMJE DISCLOSURE FORM

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□

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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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

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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ICMJE DISCLOSURE 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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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: 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.

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

ICMJJE DISCLOSURE 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 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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

Date: 1/3/2023

Your Name: [Jesus M Banales

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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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.	
	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).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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: 1/6/2023

Your Name: Joao Goncalves

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): [Click or tap here to enter text.](#)

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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Astra-Zeneca	Boehringer Ingelheim								
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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: 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

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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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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: 5/1/2023

Your Name: Manuel Romero-Gómez

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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Time frame: past 36 months								
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4	Consulting fees	<input type="checkbox"/> None	
		Abbvie	Axcella
		Alpha-sigma	BMS
		Allergan	Boehringer-Ingelheim
		Astra-Zeneca	Gilead
		Inventia	Rubió
		Kaleido	Novo-Nordisk
		Novo-Nordisk	Shionogi
		Pfizer	S&D
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Inventia	Rubió
		Sobi	Novo-Nordisk
		Novo-Nordisk	Shionogi
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Abbvie	
		Gilead	
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	
		Galmed	
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	advocacy group, paid or unpaid		
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	
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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: 1/3/2023

Your Name: Mariana Moura Henrique

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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: 1/3/2023

Your Name: Marina Berenguer

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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4	Consulting fees	<input type="checkbox"/> None	
		Advanz, Deep-Genomics, Orphalan, Alexion	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Gilead, Abbvie, Advanz, Orphalan	Payments to me
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 type="checkbox"/> None	
		Orphalan	Data safety monitoring board in a trial
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Past ILTS President	

		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	<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: 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.

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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: 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

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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ICMJE DISCLOSURE 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

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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ICMJE DISCLOSURE FORM

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

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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

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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		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	<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.