

## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Anqi Zhou

**Manuscript Title:** The zinc finger transcription factor early growth response 1 regulates non-alcoholic fatty liver disease

**Manuscript Number (if known):** JHEPR-D-22-00688

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

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Luyang Li

**Manuscript Title:** The zinc finger transcription factor early growth response 1 regulates non-alcoholic fatty liver disease

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6	Payment for expert testimony	X None  <table border="1" data-bbox="368 898 1481 996"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	X None  <table border="1" data-bbox="368 1111 1481 1209"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	X None  <table border="1" data-bbox="368 1323 1481 1422"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None  <table border="1" data-bbox="368 1536 1481 1635"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None  <table border="1" data-bbox="368 1720 1481 1818"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Qinghua Wang

**Manuscript Title:** The zinc finger transcription factor early growth response 1 regulates non-alcoholic fatty liver disease

**Manuscript Number (if known):** JHEPR-D-22-00688

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**Manuscript Title:** The zinc finger transcription factor early growth response 1 regulates non-alcoholic fatty liver disease

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**Your Name:** Xinyue Sun

**Manuscript Title:** The zinc finger transcription factor early growth response 1 regulates non-alcoholic fatty liver disease

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**Your Name:** Xiulian Miao

**Manuscript Title:** The zinc finger transcription factor early growth response 1 regulates non-alcoholic fatty liver disease

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**Date:** 3/1/2023

**Your Name:** Yan Guo

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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	
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)
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 3/1/2023

**Your Name:** Yong Xu

**Manuscript Title:** The zinc finger transcription factor early growth response 1 regulates non-alcoholic fatty liver disease

**Manuscript Number (if known):** JHEPR-D-22-00688

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.

	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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
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## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Zhiwen Fan

**Manuscript Title:** The zinc finger transcription factor early growth response 1 regulates non-alcoholic fatty liver disease

**Manuscript Number (if known):** JHEPR-D-22-00688

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## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Zilong Li

**Manuscript Title:** The zinc finger transcription factor early growth response 1 regulates non-alcoholic fatty liver disease

**Manuscript Number (if known):** JHEPR-D-22-00688

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