Date:_____15/06/2023_____

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Payment or honoraria for

None

Yo	ur Name:	Cheng		
	nuscript Title: The Imp nuscript number (if known):		Clinical Outcomes of Metabolic Associated Fatty Live PR-D-22-00742	er Disease
rel pai to	ated to the content of your rties whose interests may b	manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertedication, even if that medicatem #1 below, report all su	ension, you should declare cation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens the manuscript. d in this manuscript without time limit. For all other in	ive
the	e time frame for disclosure i	s 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 initia	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		
		_,		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months	
3	Royalties or licenses	None		
4	Consulting fees	None		

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	
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Da	te:15/06/2	023					
Yo	ur Name:Jia-Horng Ka	10					
			Clinical Outcomes of Metabolic Associated Fatty Liver Disease				
Mı	Mnuscript number (if known): JHEPR-D-22-00742						
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.				
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current				
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.				
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other items,				
		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 initia	il 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	t 36 months				
2	Grants or contracts from	None					
	any entity (if not indicated						
3	in item #1 above). Royalties or licenses						
		None					

Consulting fees

Payment or honoraria for

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None

None

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	
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	te:15/06/	77 77	7	
	ur Name:		Vans	
Ma	anuscript Title: The Im	pact of HBV Infection on	Clinical Outcomes of Metabolic Associated Fatty Liver Disea	se
Mı	nuscript number (if known)	: JHE	EPR-D-22-00742	
rel pa to	ated to the content of you rties whose interests may b	r manuscript. "Related" m be affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a do so.	
	e following questions apply anuscript only.	y to the author's relationsl	hips/activities/interests as they relate to the current	
to		tension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.	
	item #1 below, report all su e time frame for disclosure		ted in this manuscript without time limit. For all other items,	
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		needed) Time frame: Since the initi	ial planning of the year	
			lai planning of the work	
L	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: pa	st 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated	-		
	in item #1 above).			
3	Royalties or licenses	None		
3	noyantes of nechises			

None

None

Consulting fees

Payment or honoraria for

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

Date:15/06/2023			
Your Name: Jang - H	an Msieh.		
Manuscript Title: The Impact of I	HBV Infection on C	linical Outcomes of Metabolic Associate	d Fatty Liver Disease
Mnuscript number (if known):	JHEP	PR-D-22-00742	
In the interest of transparency, we as	k you to disclose all	relationships/activities/interests listed b	elow that are
related to the content of your manus	cript. "Related" mea	ns any relation with for-profit or not-for-	profit third
parties whose interests may be affect	ed by the content o	f the manuscript. Disclosure represents a	commitment
to transparency and does not necessa	arily indicate a bias.	If you are in doubt about whether to list	a
relationship/activity/interest, it is pre	eferable that you do	so.	
The following questions apply to the a	author's relationship	os/activities/interests as they relate to th	e <u>current</u>
The author's relationships/activities/i	interests should be g	defined broadly. For example, if your mar	nuscript pertains
		all relationships with manufacturers of a	
medication, even if that medication is	not mentioned in t	he manuscript.	
n item #1 below, report all support fo	or the work reported	d in this manuscript without time limit. F	or all other items,
the time frame for disclosure is the pa	ast 36 months.		
	all entities with	Specifications/Comments	
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neede Time fi	d) rame: Since the initial	planning of the work	
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Time frame: past 36 months

None

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.

2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		· ·
6	Payment for expert	None	
	testimony		
7	Company for any and any alternative		
/	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or pending	None	
			9
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	NI	
11	Stock of Stock options	None	
12	Receipt of equipment,	Nega	
12	materials, drugs, medical	None	
	writing, gifts or other	8	*
	services		
13	Other financial or non-	None	
13	financial interests	INOTIE	
	Tillaticial interests		