

## ICMJE DISCLOSURE FORM

**Date:** 5/15/2023

**Your Name:** Qi Cao

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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 type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Westmead Institute for Medical Research</td> <td>Employee</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Westmead Institute for Medical Research	Employee			Click the tab key to add additional rows.	
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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:** 5/15/2023

**Your Name:** Ruifeng Wang

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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:** 5/16/2023

**Your Name:** Zhiguo Niu

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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## ICMJE DISCLOSURE FORM

**Date:** 5/15/2023

**Your Name:** Titi Chen

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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:** 5/15/2023

**Your Name:** Farhana Azmi

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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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Time frame: Since the initial planning of the work								
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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:** 5/16/2023

**Your Name:** Scott Read

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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 checked="" type="checkbox"/> <b>None</b> <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> <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:** 5/15/2023

**Your Name:** Jianwei Chen

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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:** 5/15/2023

**Your Name:** Vincent Lee

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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## ICMJE DISCLOSURE FORM

**Date:** 5/16/2023

**Your Name:** Chunze Zhou

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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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:** 5/15/2023

**Your Name:** Sohel Julovi

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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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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:** 5/16/2023

**Your Name:** Qingsong Huang

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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## ICMJE DISCLOSURE FORM

**Date:** 5/15/2023

**Your Name:** Yuan Min Wang

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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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:** 5/16/2023

**Your Name:** Malcolm Starkey

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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:** 5/15/2023

**Your Name:** Guoping Zheng

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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<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 type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Westmead Institute for Medical Research</td> <td style="padding: 2px;">Employee</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Westmead Institute for Medical Research	Employee			<small>Click the tab key to add additional rows.</small>	
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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:

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## ICMJE DISCLOSURE FORM

**Date:** 5/15/2023

**Your Name:** Stephen Alexander

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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:** 5/16/2023

**Your Name:** Jacob George

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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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:** 5/15/2023

**Your Name:** Yiping Wang

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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)						
<b>Time frame: Since the initial planning of the work</b>									
<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 type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Westmead Institute for Medical Research</td> <td>Employee</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Westmead Institute for Medical Research	Employee			Click the tab key to add additional rows.		
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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:** 5/15/2023

**Your Name:** David Harris

**Manuscript Title:** Type 2 innate lymphoid cells are protective against hepatic ischemia reperfusion injury

**Manuscript Number (if known):** JHEPR-D-22-00715

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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