Date:	6/8/2023
Your Name:	Sara Brown
Manuscript Title:	Cirrhosis-related Sarcopenia May Never Resolve After Liver Transplant
Manuscript Number (if known):	JHEPR-D-23-00154

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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.

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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			Time frame: Since the initial plannin	g of the work
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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 Non	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

			e all entities with whom you have this ionship 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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13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

6/12/2023

Date:

Your Name:			Brooks Richardson		
Manuscript Title: Cirrhosis-related Sarcopenia May Never Resolve After Liver Transplant				solve After Liver Transplant	
Ma	nuscript Number (if k	(nown):	Click or tap here to enter text.		
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	l l		entities with whom you have this thip 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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			Time frame: past 36 mont	ths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		
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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)
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 ■ None Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	

		l .	e all entities with whom you have this ionship 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.			

Dat	e:	6/14/2023			
Υοι	ır Name:	Erin Bouquet	Erin Bouquet		
Ma	nuscript Title:	Cirrhosis-related Sarcopenia May Never Res	solve After Liver Transplant		
Ma	nuscript Number (if l	known): Click or tap here to enter text.			
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In it		all support for the work reported in this manuscript w	ithout time limit. For all other items, the time		
		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	Mark et europe verschielt eller freigner er		
		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			

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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 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		to the following statement to indicate your agreeme	

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Dat	e:	6/14/2023			
Your Name:			Elise Reid		
Ma	nuscript Title:		Cirrhosis-related Sarcopenia May Never Res	solve After Liver Transplant	
Ma	nuscript Number (if k	(nown):	Click or tap here to enter text.		
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			l entities with whom you have this ship 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.	⊠ No	one		
			Time frame: past 36 months	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

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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 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	

			e all entities with whom you have this onship 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	
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Date: Your Name: Manuscript Title:			6/14/2023		
			Evan Mercer		
			Cirrhosis-related Sarcopenia May Never Res	solve After Liver Transplant	
Ma	nuscript Number (if k	known):	Click or tap here to enter text.		
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			Time frame: past 36 months	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ N	lone		
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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 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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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 None			
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6/12/2023

Michael Goncalves

Date:

Your Name:

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Manuscript Title:		Cirrhosis-related Sarcopenia May Never Resolve After Liver Transplant				
Ma	nuscript Number (if l	nown): Click or tap here to enter text.	Click or tap here to enter text.			
co: aff	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.					
ер	idemiology of hyperte	is/activities/interests should be defined broadly. For example, if your manuscript pertains to the nsion, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned in the manuscript.				
	tem #1 below, report me for disclosure is th	all support for the work reported in this manuscript without time limit. For all other items, the time e past 36 months.				
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4	Consulting fees	None	
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6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ 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: Certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	6/12/2023
Your Name:	Ashley Spann
Manuscript Title:	Cirrhosis-Related Sarcopenia May Never Resolve After Liver Transplant
Manuscript Number (if known):	Click or tap here to enter text.

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	,		Time frame: past 36 mont	ths
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3	Royalties or licenses		None	

			pecifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	

		ı	e all entities with whom you have this ionship 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	
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6/12/2023

Jeffrey Annis

Date:

Your Name:

Manuscript Title:			Cirrhosis-related Sarcopenia May Never Resolve After Liver Transplant			
Manuscript Number (if known):			Click or tap here to enter text.			
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests ase place an "X" nex	t to the	None e following statement to indicate your agreeme	nt:
\boxtimes	Lcertify that I have	answe	red every guestion and have not altered the wo	rding of any of the questions on this form.

Date	e:		6/12/2023		
You	r Name:		Evan Brittain		
Mar	nuscript Title:	_	Cirrhosis-related Sarcopenia Ma	y Never Resolve After Liver Transplant	
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Nc	one		
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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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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			e following statement to indicate your agreeme ered every question and have not altered the wo		

Date:	6/12/2023
Your Name:	Anthony Dreher
Manuscript Title:	Cirrhosis-related Sarcopenia May Never Resolve After Liver Transplant
Manuscript Number (if known):	Click or tap here to enter text.

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2	Grants or		None	uis
	contracts from any entity (if not indicated in item #1 above).			
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 Non	
7	Support for attending meetings and/or travel	None ■ None None	
8	Patents planned, issued or pending	None ■ None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ 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.			

Dat	e:		6/13/2023		
You	r Name:		Sophoclis Alexopoulos		
Ma	nuscript Title:		Cirrhosis-related Sarcopenia May Never Res	solve After Liver Transplant	
Mai	nuscript Number (if k	nown):	Click or tap here to enter text.		
con affe	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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3 12/13/2021 ICMJE Disclosure Form

Date: Your Name:		6/14/2023			
		James C Slaughter			
Ma	nuscript Title:	Cirrhosis-related Sarcopenia May Never Resolve After Liver Transplant			
Ma	nuscript Number (if	own): Click or tap here to enter text.			
cor affe	tent of your manuscreted by the content	ency, we ask you to disclose all relationships/activities/interests listed below that are related to the ot. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			
epi	demiology of hyperte	/activities/interests should be defined broadly. For example, if your manuscript pertains to the sion, you should declare all relationships with manufacturers of antihypertensive medication, even if ntioned in the manuscript.			
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		Name all entities with whom you have this elationship 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			
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	⊠ None	
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