

ICMJE DISCLOSURE FORM

Date: 26 June 2023

Your Name: Chioma Izzi-Engbeaya

Manuscript Title: Non-alcoholic fatty liver disease in Women – Current Knowledge and Emerging Concepts

Manuscript number (if known): JHEPR-D-23-00056R1

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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		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.	Imperial-BRC IPPRF Fellowship (P79696)	Grant paid to Imperial College London
		Society for Endocrinology Early Career Grant	Grant paid to Imperial College London
		Association of Physicians of Great Britain and Ireland Young Investigator Award (P90797)	Grant paid to Imperial College London
		Mason Medical Research Foundation Grant (P91847)	Grant paid to Imperial College London

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Your Name: Pinelopi Manousou

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Your Name: Roberta Forlano

Manuscript Title: Non-alcoholic fatty liver disease in Women – Current Knowledge and Emerging Concepts

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Your Name: Tricia Tan

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