

ICMJE DISCLOSURE FORM

Date: 4/3/2024

Your Name: Alice Giontella

Manuscript Title: Lifestyle and genetic risk for chronic liver disease in metabolically healthy and unhealthy individuals from a general population

Manuscript Number (if known): JHEPR-D-23-01204R1

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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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: 4/3/2024

Your Name: Isabel Drake

Manuscript Title: Lifestyle and genetic risk for chronic liver disease in metabolically healthy and unhealthy individuals from a general population

Manuscript Number (if known): JHEPR-D-23-01204R1

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Date: 4/3/2024

Your Name: Kristina Önnérhag

Manuscript Title: Lifestyle and genetic risk for chronic liver disease in metabolically healthy and unhealthy individuals from a general population

Manuscript Number (if known): JHEPR-D-23-01204R1

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Your Name: Mariam Miari

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Date: 4/3/2024

Your Name: Marju Orho-Melander

Manuscript Title: Lifestyle and genetic risk for chronic liver disease in metabolically healthy and unhealthy individuals from a general population

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