Date:	5/15/2024
Your Name:	[Alexa Childs
Manuscript Title:	[Immunotherapy for Hepatocellular Carcinoma
Manuscript Number (if known):	[Click or tap here to enter text]

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		Time frame: past 36 month	as .
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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	
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	

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Date:	5/16/2024
Your Name:	Gloryanne Aidoo-Micah
Manuscript Title:	[immunotherapy for Hepatocellular carcinoma
Manuscript Number (if known):	Click or tap here to enter text.

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8	Patents planned, issued or pending	[⊠ None	
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13	Other financial or non-financial interests	[⊠ None	
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Date:	5/15/2024
Your Name:	[Tim Meyer
Manuscript Title:	[Immunotherapy for Hepatocellular Carcinoma
Manuscript Number (if known):	[Click or tap here to enter text]

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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	MSD Boston Scientific Bayer	Institution Institution Institution
3	Royalties or licenses	None	

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4	Consulting fees	Signant Helath Roche Astra Zeneca Guerbet Geneos Ipsen Grey Wolf	Personal Personal Personal Personal Personal Personal Personal
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	
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	

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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.		

Date:	5/15/2024	
Your Name:	Mala Maini	
Manuscript Title:	[Immunotherapy for Hepatocellular Carcinoma	
Manuscript Number	[Click or tap here to enter text]	

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	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  Click the tab key to add  Time frame: past 36 months	additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	

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6	Payment for expert testimony	[⊠ None	
7	Support for attending meetings and/or travel	[⊠ None	
8	Patents planned, issued or pending	International patent application PCT/GB2020/053034 ACAT inhibitors for liver disease	
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 writing, gifts or other services	[⊠] None	
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