Date:	9/8/2024
Your Name:	Emil Deleuran Hansen
Manuscript Title:	Quantification of alcohol intake in patients with steatotic liver disease and excessive alcohol intake
Manuscript Number (if known):	Click or tap here to enter text.

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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.

			ll 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)
			Time frame: Since the initial planning	of the work
	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.	⊠ N	Time from a control of months	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	N N	one	
3	Royalties or licenses	× N	one	

		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 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	
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	

		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)
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.		

Date:	7/8/2024
Your Name:	Nikolaj Torp
Manuscript Title:	Quantification of alcohol intake in patients with steatitic liver disease and excessive alcohol intake
Manuscript Number (if known):	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).	None	
3	Royalties or licenses	None 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	□ □	
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:	7/1/2024
Your Name:	Stine Johansen
Manuscript Title:	Quantification of alcohol intake in patients with steatotic liver disease and excessive alcohol intake
Manuscript Number (if known):	Click or tap here to enter text.

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3	indicated in item #1 above). Royalties or licenses	None	
	licenses		

		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 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	
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	

		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)
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.		

Date:	7/2/2024
Your Name:	Johanne Kragh Hansen
Manuscript Title:	Quantification of alcohol intake in patients with steatotic liver disease and excessive alcohol intake
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).	None	
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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Speakers fee Norgine A/S	
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	

		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)	
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.			

Date:	7/2/2024	
Your Name:	Marianne Lerbæk Bergmann	
Manuscript Title:	Quantification of alcohol intake in patients with steatotic liver disease and excessive alcohol intake	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Time frame: Since the initial planning	of the work
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Time frame: past 36 month None	Click the tab key to add additional rows.
	contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None None □	

			ions/Comments (e.g., if payments were 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	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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	

		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)	
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.			

ICIVIJE DISCLOSURE FORIVI				
Date:	7/1/2024			
Your Name:	Camilla Dalby Hansen			
Manuscript Title:	Quantification of alcohol intake in patients with			
	steatotic liver disease and excessive alcohol intake			
Manuscript Number (if I	known): Click or tap here to enter text.			
content of your manuscr affected by the content indicate a bias. If you ar The author's relationship epidemiology of hyperte that medication is not m In item #1 below, report	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.			
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			rith whom you have cate none (add row		Specifications/Comments (e.g., if payments were made to you or to your institution)
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			Time frame: p	past 36 months	s
Grants or contracts fro any entity (if indicated in #1 above).	fnot	None			
3 Royalties or licenses		None			

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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Speakers fee, Novo Nordisk	
6	Payment for expert testimony	Image: square of the property o	
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	

		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)	
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.			

Date:	2/7/2024	
Your Name:	Sönke Detlefsen	
Manuscript Title:	Quantification of alcohol intake in patients with steatotic liver disease and excessive alcohol intake	
Manuscript Number (if known):	Click or tap here to enter text.	
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	contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	

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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	
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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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.		

Date:	7/2/2024
Your Name:	Peter Andersen
Manuscript Title:	Quantification of alcohol intake in patients with steatitic liver disease and excessive alcohol intake
Manuscript Number (if known):	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).	None	
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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	
7	Support for attending meetings and/or travel	None	
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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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	7/2/2024
Your Name:	lda Falk Villesen
Manuscript Title:	Quantification of alcohol intake in patients with steatitic liver disease and excessive alcohol intake
Manuscript Number (if known):	Click or tap here to enter text.

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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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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.		

	ICIVIJE DISCLOSORE FORIVI			
Date:	7/2/2024	7/2/2024		
Your Name:	Katrine Tholstrup Bech			
Manuscript Title:	· ·	Quantification of alcohol intake in patients with steatotic liver disease and excessive alcohol intake		
	steatotic liver disease and	r excessive alconor intake		
Manuscript Number (if k	nown): Click or tap here to enter text.			
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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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:	7/7/2024
Your Name:	Katrine Holtz Thorhauge
Manuscript Title:	Quantification of alcohol intake in patients with steatotic liver disease and excessive alcohol intake
Manuscript Number (if known):	Click or tap here to enter text.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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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: 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				
Da	te:	7/12/2024			
Yo	ur Name:	Gitte Hedegaard Jensen			
Ma	nuscript Title:	Quantification of alcohol intake in pat alcohol intake	Quantification of alcohol intake in patients with steatitic liver disease and excessive alcohol intake		
Ma	nuscript Number (if k	Click or tap here to enter text.			
cor affind The epi tha	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		
1	All support for the	□ 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)
		Time frame: Since the initial planning of	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.	Excamination of histological material	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ □	
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	

		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)
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.		

	ICIVITE DISCLOSORE FORIVI			
Date:	7/2/2024	7/2/2024		
Your Name:	Katrine Prier Lindvig	Katrine Prier Lindvig		
Manuscript Title:		Quantification of alcohol intake in patients with		
	steatotic liver disease and	d excessive alcohol intake		
Manuscript Number (if k	nown): Click or tap here to enter text.			
content of your manuscr affected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperte that medication is not m	rency, we ask you to disclose all relationships/activities ipt. "Related" means any relation with for-profit or not find the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity is/activities/interests should be defined broadly. For ension, you should declare all relationships with manuferationed in the manuscript. all support for the work reported in this manuscript we past 36 months.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if without time limit. For all other items, the time		
	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if 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 Click the tab key to add additional rows.	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

			s/Comments (e.g., if payments were or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Speakers fee, Novo Nordisk Speakers fee, Siemens	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Image: square of the property of t	
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	

		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)
11	Stock or stock options	Shareholder in Evido ApS	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
r 1	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:		7/14/2024		
Your Name:			Torben Hansen		
Manuscript Title:			Quantification of alcohol intake in patients intake	with steatotic liver disease and excessive alcohol	
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the man e in doubt os/activitionsion, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.	
			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)	
			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.		one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	1 1	one ed grants from Novo Nordisk		
3	Royalties or licenses	⊠ No	one		

		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 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	
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	

		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)
11	Stock or stock options	None Holds stocks in Novo Nordisk	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
r 1	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:	7/1/2024
Your Name:	Emmanuel Tsochatzis
Manuscript Title:	Quantification of alcohol intake in patients with steatotic liver disease and excessive alcohol intake
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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
2	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 additional rows.
3	contracts from any entity (if not indicated in item #1 above).	✓ None	
	licenses		

		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	Boehringer, NovoNordisk, MSD, Siemens Healthineers	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Boehringer, Echosens, Abbvie, NovoNordisk	
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	

		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)
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.		

Date:			7/2/2024	
Your Name:			Jonel Trebicka	
Manuscript Title:			Quantification of in patients with disease and exclining intake	steatotic liver
Ma	nuscript Number (if l	known):	Click or tap here to enter text.	
content of your manuscript. "Relat affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in		ript. "Rel of the ma e in douk ps/activit ension, you nentioned	anuscript. Disclosure represents a commitmen of about whether to list a relationship/activity/ cies/interests should be defined broadly. For expusion should declare all relationships with manufaction the manuscript.	t-for-profit third parties whose interests may be t to transparency and does not necessarily interest, it is preferable that you do so. cample, if your manuscript pertains to the cturers of antihypertensive medication, even if
ľ			all entities with whom you have this aship 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 o	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	Click the tab key to add additional rows.
			Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).		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)
3	Royalties or licenses	None None	
4	Consulting fees	□ None Versantis, Boehringer-Ingelheim, Grifols, Genfit and CSL Behring	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gore, Boehringer-Ingelheim, Falk, Grifols, Genfit and CSL Behring	
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	[⊠] 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)
	other board, society, committee or advocacy group, paid or unpaid		
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 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	8/2/2024
Your Name:	Maja Thiele
Manuscript Title:	Quantification of alcohol intake in patients with steatotic liver disease and excessive alcohol intake
Manuscript Number (if known):	Click or tap here to enter text.

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		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)
		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	Click the tab key to add additional rows.
		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	

		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	Boehringer Ingelheim, Astra Zeneca, Novo Nordisk, GSK	Payment made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Siemens Healthcare, Echosens, Norgine, Madrigal, Takeda, Tillotts Pharma	Payment made for me
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	Co-founder and board member for Evido. Board member for Alcohol & Society (non-governmental organisation)	Evido unpayed. Alcohol & Society payment made to me

		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	Image: square of the property o	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: square of the square o	
13	Other financial or non-financial interests	None	
Plea	•	to the following statement to indicate your agre	

Date:	7/4/2024
Your Name:	Aleksander Krag
Manuscript Title:	Quantification of alcohol intake in patients with steatotic liver disease and excessive alcohol intake
Manuscript Number (if known):	JHEPR-D-24-00590

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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.

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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	□ None	
	manuscript (e.g., funding, provision	EU Horizon 2020	Coordinator of Galaxy, EU funded under grant agreement No 668031
	of study materials, medical writing, article processing	Novo Nordisk Foundation	PI in MicrobLiver, A Challenge Grant, grant number NNF15OC0016692 from the Novo Nordisk Foundation
	charges, etc.) No time limit for this item.		
ľ	atametersone.	Time frame: past 36 month	ns
2	Grants or contracts from	Time frame: past 36 month	ns
2			Coordinator of Galaxy, EU funded under grant agreement No 668031
2	contracts from any entity (if not	□ None	Coordinator of Galaxy, EU funded under grant
2	contracts from any entity (if not indicated in item	□ None EU Horizon 2020	Coordinator of Galaxy, EU funded under grant agreement No 668031 PI in LiverScreen, EU funded under grant
	contracts from any entity (if not indicated in item	EU Horizon 2020	Coordinator of Galaxy, EU funded under grant agreement No 668031 PI in LiverScreen, EU funded under grant agreement No 847989 PI in MicrobPredict, EU funded under grant
2	contracts from any entity (if not indicated in item	EU Horizon 2020 EU Horizon 2020 EU Horizon 2020	Coordinator of Galaxy, EU funded under grant agreement No 668031 PI in LiverScreen, EU funded under grant agreement No 847989 PI in MicrobPredict, EU funded under grant agreement No 825694. PI in IHMCSA, EU funded under grant
2	contracts from any entity (if not indicated in item	EU Horizon 2020 EU Horizon 2020 EU Horizon 2020 EU Horizon 2020	Coordinator of Galaxy, EU funded under grant agreement No 668031 PI in LiverScreen, EU funded under grant agreement No 847989 PI in MicrobPredict, EU funded under grant agreement No 825694. PI in IHMCSA, EU funded under grant agreement No 964590 PI in MicrobLiver, A Challenge Grant, grant number NNF150C0016692 from the Novo

		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)
		Region of Southern Denmark	Center grant for Elite Research Centre FLASH
		AstraZeneca	Prevalence and severity of NAFLD in Denmark
		IHI	PI in LiverAIM. This project is supported by the Innovative Health Initiative Joint Undertaking (IHI JU) under grant agreement No 101132901
3	Royalties or licenses	□ None	
		Gyldendal	Medicinsk compendium, coauthor (Textbook of internal medicine)
4	Consulting fees	⊠ None	
5	Payment or	⊠ None	
•	honoraria for	& None	
	lectures,	Norgine	Lectures 2019, 2020, 2024
	presentations, speakers	Siemens	Lectures 2019, 2020
	bureaus, manuscript writing or educational events	NovoNordisk	Lecture 2023
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or	□ None	
	pending	Region of Southern Denmark	Biomarker - pending/planned
		University of Southern Denmark	Biomarker- pending/planned
9	Participation on	□ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments we made to you or to your institution)
	Monitoring	Norgine	Advisory board meeting 2020
	Board or	Siemens	Advisory board meeting 2019, 2020, 2023
	Advisory Board	Novo Nordisk	Advisory Board 2023, 2024
	***	Boehringer Ingelheim	Advisory Board 2023
LO	Leadership or fiduciary role in	□ None	
	other board, society, committee or advocacy group, paid or unpaid	Secretary General European Association for the Study of The Liver (EASL) 2023-2025	Non for profit organization
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	□ None Norgine	Rifaximin for an investigator-initiated study, part of Galaxy, an EU funded project under grant agreement No 668031
	services	Siemens	ELF test for an investigator-initiated study
		Echosence	Fibroscan for an investigator-initiated study, part of LiverScreen, an EU funded project under grant agreement No 847989
		NordicBioscience	ECM markers for investigator-initiated studies
13	Other financial or non-financial	□ None	
	interests	Board member and co-founder Evido	
Plea		t to the following statement to indicate your agreement	ent:

Date:	7/11/2024
Your Name:	Mads Bastrup Israelsen
Manuscript Title:	Quantification of alcohol intake in patients with steatotic liver disease and excessive alcohol intake
Manuscript Number (if known):	Click or tap here to enter text.

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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.

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		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)
		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	Click the tab key to add additional rows.
		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	

		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 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	
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	Image: square of the square o	

		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)		
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			
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.					