

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

ASMA

2. Surname (Last Name)

ASGHAR

3. Date

16-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

JOHANNES HARTL

5. Manuscript Title

FEATURES AND OUTCOME OF PATIENTS WITH NORMAL IgG

6. Manuscript Identifying Number (if you know it)

JHEPR-D-20-0001

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. ASGHAR has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) George N.	2. Surname (Last Name) Dalekos	3. Date 16-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Johannes Hartl
5. Manuscript Title Features and outcome of AIH patients without elevation of IgG		
6. Manuscript Identifying Number (if you know it) JHEPR-D-20-00001		

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Dr. Dalekos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Johannes

2. Surname (Last Name)

Hartl

3. Date

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Features and outcome of AIH patients without elevation of IgG

6. Manuscript Identifying Number (if you know it)

JHEPR-D-20-00001

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Dr. Hartl has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christoph	2. Surname (Last Name) Schramm	3. Date 12-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hartl
5. Manuscript Title Features and outcome of AIH patients with normal IgG		
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1. Given Name (First Name) Hanno	2. Surname (Last Name) Ehlken	3. Date 15-February-2020
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Section 1. Identifying Information

1. Given Name (First Name) Guan-Wee	2. Surname (Last Name) Wong	3. Date 12-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Johannes Hartl
5. Manuscript Title Features and outcome of AIH patients without elevation of IgG		
6. Manuscript Identifying Number (if you know it) JHEPR-D-20-00001		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Wong has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Rosa

2. Surname (Last Name)

Miquel

3. Date

02-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Features and outcome of AIH patients with normal IgG

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Miquel has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marcial	2. Surname (Last Name) Sebode	3. Date 12-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Johannes Hartl
5. Manuscript Title Features and outcome of AIH patients with normal IgG		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Sebode has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joost P.H.	2. Surname (Last Name) Drenth	3. Date 19-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minou van Seyen
5. Manuscript Title Features and outcome of AIH patients with normal IgG"		
6. Manuscript Identifying Number (if you know it) JHEP Reports		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novartis, Zambon, Ipsen, Gilead, Otsuka, Falk, Merck, Janssen, AbbVie, and Norgine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Radboudumc, on behalf of JPH Drenth, received honoraria or research grants from Novartis, Zambon, Ipsen, Otsuka, Falk, Merck, Janssen, AbbVie, and Norgine
Otsuka, Gilead, BMS, Janssen and Abbvie.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	JPH Drenth has served as consultant for Gilead and Abbvie, and has been member of advisory boards of Otsuka, Gilead, BMS, Janssen and Abbvie. All honoraria go directly to the Radboudumc

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Drenth reports grants from Novartis, Zambon, Ipsen, Gilead, Otsuka, Falk, Merck, Janssen, AbbVie, and Norgine, other from Otsuka, Gilead, BMS, Janssen and Abbvie outside the submitted work; all the proceeds go directly to the Radboudumc

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Till	2. Surname (Last Name) Krech	3. Date 12-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Johannes Hartl
5. Manuscript Title Features and outcome of AIH patients with normal IgG		
6. Manuscript Identifying Number (if you know it)		

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Dr. Krech has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ansgar	2. Surname (Last Name) Lohse	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name hartl johannes
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Dr. Lohse has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Heneghan	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Johannes Hartl
5. Manuscript Title Features and outcome of AIH patients without elevation of IgG		
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Dr. Heneghan has nothing to disclose.

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hartl Johannes
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1. Given Name (First Name) Simon	2. Surname (Last Name) Pape	3. Date 12-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Johannes Hartl
5. Manuscript Title Features and outcome of AIH patients with normal IgG		
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1. Given Name (First Name) Christina	2. Surname (Last Name) Weiler-Normann	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name johannes hartl
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Johannes Hartl
5. Manuscript Title Features and outcome of AIH patients with normal IgG		
6. Manuscript Identifying Number (if you know it)		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Zachou has nothing to disclose.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Roman	2. Surname (Last Name) Zenouzi	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Johannes Hart I
5. Manuscript Title Features and outcome of AIH patients without elevation of IgG		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Zenouzi has nothing to disclose.

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