

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.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
Audrey

2. Surname (Last Name)
Winter

3. Date
18-February-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Should we use liver grafts repeatedly refused by other transplant teams?

6. Manuscript Identifying Number (if you know it)
JHEPR-D-19-00154

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
French Ministry of Health within the framework of the national Clinical Research Hospital Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was carried out in the context of the "Optimatch" study funded by the French Ministry of Health within the framework of the national Clinical Research Hospital Program

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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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. Winter reports grants from French Ministry of Health within the framework of the national Clinical Research Hospital Program, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) corinne	2. Surname (Last Name) Antoine	3. Date 22-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Audrey Winter
5. Manuscript Title Should we use liver grafts repeatedly refused by other transplant teams?		
6. Manuscript Identifying Number (if you know it) JHEPR-D-19-00154		

Section 2. The Work Under Consideration for Publication

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Dr. Antoine 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)

Cyrille

2. Surname (Last Name)

Féray

3. Date

19-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Audrey Winter

5. Manuscript Title

Should we use liver grafts repeatedly refused by other transplant teams?

6. Manuscript Identifying Number (if you know it)

JHEPR-D-19-00154

Section 2. The Work Under Consideration for Publication

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Dr. Féray 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) Christian	2. Surname (Last Name) Jacquelinet	3. Date 24-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Audrey Winter
5. Manuscript Title Should we use liver grafts repeatedly refused by other transplant teams?		
6. Manuscript Identifying Number (if you know it) JHEPR-D-19-00154		

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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. Jacquelinet has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Daniel

2. Surname (Last Name)

Azoulay

3. Date

19-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Audrey Winter

5. Manuscript Title

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Dr. Azoulay has nothing to disclose.

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

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Section 1. Identifying Information

1. Given Name (First Name)
Jean-Pierre

2. Surname (Last Name)
Daurès

3. Date
19-February-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Audrey Winter

5. Manuscript Title
Should we use liver grafts repeatedly refused by other transplant teams?

6. Manuscript Identifying Number (if you know it)
JHEPR-D-19-00154

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
French Ministry of Health within the framework of the national Clinical Research Hospital Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was carried out in the context of the "Optimatch" study funded by the French Ministry of Health within the framework of the national Clinical Research Hospital Program

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Daurès reports grants from French Ministry of Health within the framework of the national Clinical Research Hospital Program, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mara

2. Surname (Last Name)

Disabato

3. Date

19-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Audrey Winter

5. Manuscript Title

Should we use liver grafts repeatedly refused by other transplant teams?

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Dr. Disabato 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) Philippe	2. Surname (Last Name) Compagnon	3. Date 19-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Audrey Winter
5. Manuscript Title Should we use liver grafts repeatedly refused by other transplant teams?		
6. Manuscript Identifying Number (if you know it) JHEPR-D-19-00154		

Section 2. The Work Under Consideration for Publication

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Dr. Compagnon 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)
Paul

2. Surname (Last Name)
LANDAIS

3. Date
19-February-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
WINTER

5. Manuscript Title
Should we use liver grafts repeatedly refused by other transplant teams?

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