

#### **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.

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

CHAZOUILLERES 1



Section 1. Identifying Inform	ation			
Given Name (First Name) OLIVIER	2. Surname (Last Name) CHAZOUILLERES		3. Date 24-August-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's N	Name	
5. Manuscript Title Low phospholipid-associated cholelithia	asis syndrome: prevalence	e, clinical features, and co	morbidities	
6. Manuscript Identifying Number (if you known JHEPR-D-20-00059-R1	ow it)	_		
Section 2. The Work Under Co	onsideration for Publi	ration		
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interesting the state of the submitted work in the state of the submitted work (including statistical analysis, etc.)?	ve payment or services from but not limited to grants, da	a third party (government, o		c.) for
Section 3. Relevant financial a	activities outside the s	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interesting the series of the series	oed in the instructions. Use ort relations hips that we st?	se one line for each entity	; add as many lines as you need	
Name of Entity	Giant	n-Financial other? Co	omments	
INTERCEPT				
GENFIT				
Section 4. Intellectual Proper	ty Patents & Copyrig	ghts		
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the wor	rk? ☐ Yes   ✓ No	

CHAZOUILLERES 2



Section 5.	
Section 5.	Relationships not covered above
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Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
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Dr. CHAZOUILLE submitted work;	RES reports personal fees from INTERCEPT, personal fees from GENFIT, grants from ARROW, outside the

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HOUSSET 1



Section 1. Identifying Inform	nation	
Given Name (First Name)  Chantal	Surname (Last Name)     HOUSSET	3. Date 31-August-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christophe Corpechot
5. Manuscript Title Low-phospholipid-associated cholelith	iasis syndrome: prevalence	e, diagnositic features, and comorbidities
6. Manuscript Identifying Number (if you ki JHEPR-D-20-00059-R1	now it)	_
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Barbu 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Véronique	2. Surname (Last Name) Barbu	3. Date 25-August-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christophe CORPECHOT
5. Manuscript Title Low phospholipid- associated cholelitl	hiasis syndrome: prevalend	ce, clinical features and comorbidities
6. Manuscript Identifying Number (if you k JHEPR-D-20-00059R1	now it)	_
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Barbu 2



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patent

1 arrive



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1. Given Name (First Name) lionel	2. Surname (Last Name) arrive	3. Date 25-August-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name corpechot
<ul><li>5. Manuscript Title Low phospholipid-associated cholelith comorbidities</li><li>6. Manuscript Identifying Number (if you kr JHEPR-D-20-00059</li></ul>		e, clinical features, and
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arrive 2



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Ben Belkacem 1



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1. Given Name (First Name) Karima	2. Surname (Last Name) Ben Belkacem	3. Date 27-October-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christophe CORPECHOT
5. Manuscript Title Low phospholipid-associated cholelith	iasis syndrome: prevalence	e, clinical features, and comorbidities
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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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**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

CHRETIEN 1



Section 1. Identifying Inform	nation	
Given Name (First Name)  YVES	2. Surname (Last Name) CHRETIEN	3. Date 24-August-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christophe Corpechot
5. Manuscript Title Low phospholipid-associated cholelith	iasis syndrome: prevalence	e, clinical features, and comorbidities
6. Manuscript Identifying Number (if you kr JHEPR-D-20-00059	now it)	_
Section 2. The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo		
Section 4. Intellectual Proper	rty Patents & Copyrig	ahts
Do you have any patents, whether plan		

CHRETIEN 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. CHRETIEN has	s nothing to disclose.

### **Evaluation and Feedback**

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CHRETIEN 3



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earning royalties or not

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

patent

CONDAT 1



Section 1. Identifying Inform	nation	
Given Name (First Name) BERTRAND	2. Surname (Last Name) CONDAT	3. Date 25-August-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
5. Manuscript Title Low phospholipid-associated cholelithi	asis syndrome: prevalence	e, diagnostic features, and comorbidities
6. Manuscript Identifying Number (if you kn JHEPR-D-20-00059	now it)	
Section 2. The Work Under Co	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Proper	ty Patents & Copyric	ghts
Do you have any patents, whether plant		

CONDAT 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. CONDAT has	nothing to disclose.

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CONDAT 3



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earning royalties or not

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

patent

Dong 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Catherine	2. Surname (Last Name) Dong	3. Date 29-August-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christophe Corpechot	
5. Manuscript Title Low phospholipid-associated cholelithi	iasis syndrome: prevalence	, clinical features, and comorbidities	
6. Manuscript Identifying Number (if you kr JHEPR-D-20-00059R1	now it)		
Section 2. The Weath Under C			
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 statistical analysis, etc.)? Are there any relevant conflicts of intere		a monitoring board, study design, manuscript preparation,	
Section 3. Relevant financial	activities outside the s	ubmitted work.	
of compensation) with entities as descri	ibed in the instructions. Us port relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .	
Section 4. Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? Yes V	

Dong 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Dr. Dong has no	thing to disclose.

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

patent

Gaouar 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Farid	2. Surname (Last Name) Gaouar	3. Date 27-October-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christophe CORPECHOT
5. Manuscript Title Low phospholipid-associated cholelith	iasis syndrome: prevalence	e, clinical features, and comorbidities
6. Manuscript Identifying Number (if you kr JHEPR-D-20-00059R2	now it)	_
Carting 2		
Section 2. The Work Under Co	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
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Section 4. Intellectual Proper	rty Patents & Copyri <u>c</u>	ıhts
Do you have any patents, whether plan		

Gaouar 2



Section 5.	
Section 5.	Relationships not covered above
	lationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
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Section 6.	Disclosure Statement
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Dr. Gaouar has no	othing to disclose.

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Hauuy 1



Section 1. Identifying Inform	nation	
Given Name (First Name)     Marie-Pierre	2. Surname (Last Name) Hauuy	3. Date 27-October-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christophe CORPECHOT
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The Work Under C	onsideration for Public	cation
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Do you have any patents, whether plan		

Hauuy 2



Section 5. Polationships not solvered above
Relationships not covered above
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MAFTOUH 1



Section 1. Identifying Inform	ation	
Given Name (First Name)     ANWARE	2. Surname (Last Name) MAFTOUH	3. Date 27-August-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Coprechot
5. Manuscript Title Low phospholipid-associated cholelithi	asis syndrome: prevalence	e, clinical features, and comorbidities
6. Manuscript Identifying Number (if you kn JHEPR-D-20-00059R1	ow it)	
		_
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Section 4. Intellectual Proper	ty Patents & Copyric	ghts
Do you have any patents, whether plans	ned, pending or issued, br	oadly relevant to the work? Yes Vo

MAFTOUH 2



Section 5. Polationships not severed shows
Relationships not covered above
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Disclosure Statement
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Dr. MAFTOUH has nothing to disclose.

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MAFTOUH 3



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## **Intellectual Property.**

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

#### Relationships not covered above. 5.

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earning royalties or not

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

patent

Noblinski 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Béatrice	2. Surname (Last Name) Noblinski	3. Date 27-October-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Christophe CORPECHOT
5. Manuscript Title Low phospholipid-associated cholelithi	asis syndrome: prevalence	e, clinical features, and comorbidities
6. Manuscript Identifying Number (if you kn JHEPR-D-20-00059R2	now it)	
Section 2. The Work Under Co	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Proper	rty Patents & Copyrig	ghts
Do you have any patents, whether plant	ned, pending or issued, br	roadly relevant to the work? Yes V No

Noblinski 2



Section 5. Polotionshing not severed above
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Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Dr. Noblinski has nothing to disclose.

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ert testimony, employment, or other affiliations patent

Picon-Coste 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Magalie	2. Surname (Last Name) Picon-Coste	3. Date 27-October-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christophe CORPECHOT	
5. Manuscript Title Low phospholipid-associated cholelith	iasis syndrome: prevalence	e, clinical features, and comorbidities	
6. Manuscript Identifying Number (if you k JHEPR-D-20-00059R2	now it)	_	
Section 2. The Week Under Co			
The work onder C	onsideration for Public		
any aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
Are there any relevant conflicts of inter	est? ☐ Yes 🗸 No		
Section 3. Relevant financial	activities outside the	submitted work.	
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Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes No	

Picon-Coste 2



Section 5.	
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Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Picon has not	thing to disclose.

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Potier 1



Section 1. Identifying Inform	nation		
Given Name (First Name)  Pascal	2. Surname (Last Name) Potier	3. Date 24-August-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Christophe Corpechot	
5. Manuscript Title Low phospholipid-associated cholelithi	asis syndrome: prevalence	e, diagnostic features, and comorbidities	
6. Manuscript Identifying Number (if you kn JHEPR-D-20-00059	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
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Potier 2



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Poupon 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Raoul	2. Surname (Last Name) Poupon	3. Date 27-October-2020		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Christophe CORPECHOT		
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Do you have any patents, whether plan				

Poupon 2



Section 5. Polotionskips not solvered above
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Zanditenas 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) David	2. Surname (Last Name) Zanditenas	3. Date 27-October-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christophe CORPECHOT	
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Continu 2			
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Intellectual Prope	rty Patents & Copyrig		
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Zanditenas 2



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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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Intellectual Property.

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

# 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### 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



Section 1. Identifying Info	rmation		
Given Name (First Name)     Christophe	2. Surname (Last Name) Corpechot		3. Date 21-August-2020
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript Title Low phospholipid-associated choleli	thiasis syndrome: prevalence, o	clinical features, and	d comorbidities
6. Manuscript Identifying Number (if you JHEPR-D-20-00059	know it)		
Section 2. The Work Under	Consideration for Publica	tion	
Did you or your institution <b>at any time</b> re any aspect of the submitted work (includ statistical analysis, etc.)?  Are there any relevant conflicts of int	ing but not limited to grants, data		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
•	nformation below. If you have	more than one enti	ity press the "ADD" button to add a row
Name of Institution/Company	Grant? Personal Non-I	Financial Other?	Comments
gence Nationale de la Recherche (ANR)	<b>V</b>		Laureate of Rare Disease Cohorts Program 2014 (RaDiCo)
Section 3. Relevant financi	al activities outside the su	bmitted work.	
• • • •	scribed in the instructions. Use report relationships that were erest?  Yes No	one line for each er	cial relationships (regardless of amount ntity; add as many lines as you need by a 36 months prior to publication.
	Personal Non-I	Financial 7	
Name of Entity	Grant•	oport?	Comments
rrow Génériques	<b>✓</b>		PHRC RAF 13.022_BEZURSO_P100109
ntercept Pharma	<b>✓</b>		PBC-Hope trial, Consulting, teaching
			Consulting



Name of Entity	Grant? Personal	Non-Financial	Other? Comments	
· ·	Fees?	Support?		
Genkyotex			Consulting	
Inventiva			Consulting	
Section 4. Intellectual Branewa				
Intellectual Propert	ty Patents & Co	pyrights		
Do you have any patents, whether plann	ned, pendina or issu	ed. broadly releva	int to the work? Yes	✓ No
20 )0 aa. ( a) pater,ee. p.a	.ca, periag er 155a			<b>V</b>
Section 5. Relationships not o	covered above			
Are there other relationships or activities	s that readers could	perceive to have i	influenced, or that give the	appearance of
potentially influencing, what you wrote i			,	
Yes, the following relationships/conc	ditions/circumstance	es are present (exp	olain below):	
No other relationships/conditions/cir	rcumstances that pr	resent a potential	conflict of interest	
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At the time of manuscript acceptance, jo On occasion, journals may ask authors to				disclosure statements.
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Section 6. Disclosure Stateme	ent			
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Based on the above disclosures, this forn below.	n will automatically	generate a discio	sure statement, which will	appear in the box
Dr. Corpechot reports grants from Agen				
Arrow Génériques, grants and personal Genkyotex, personal fees from Inventiva			fees from Cymabay, perso	nal fees from
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