

ICMJE DISCLOSURE FORM

Date: 4/9/2021

Your Name: Sameer Al Diffalha

Manuscript Title: Autoimmune Hepatitis Developing After Coronavirus Disease 2019 (COVID-19) Vaccine: Causality or Casualty?

Manuscript number (if known): JHEPAT-D-21-00641R1

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.

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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)
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Time frame: past 36 months			
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 4/9/2021

Your Name: Fernando Bril

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Date: 4/9/2021

Your Name: Mark Dean

Manuscript Title: Autoimmune Hepatitis Developing After Coronavirus Disease 2019 (COVID-19) Vaccine: Causality or Casualty?

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Date: 4/9/2021

Your Name: David Fettig

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