

ICMJE Form for Disclosure of Potential Conflicts of Interest

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".

3. Relevant financial activities outside the submitted work.

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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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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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
 Filip K. Knop 25-November-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
 Diverse Hepatic Microbiome in Healthy Lean and Obese Humans

6. Manuscript Identifying Number (if you know it)
 JHEPR-D-20-00223

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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AstraZeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated studies, advisory boards and educational activities (lecturing, teaching)
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board and educational activities (lecturing, teaching)
Carmot Therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific advise, consulting
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory board, consulting and educational activities (lecturing, teaching), travelling to scientific meetings
Gubra	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated studies

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MedImmune	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board and educational activities (lecturing, teaching)
MSD/Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory board and educational activities (lecturing, teaching), travelling to scientific meetings
Norgine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational activities (lecturing, teaching)
Novo Nordisk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated studies, consulting, advisory boards and educational activities (lecturing, teaching), travelling to scientific meetings
Sanofi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated studies, consulting, advisory boards and educational activities (lecturing, teaching)
Zealand Pharma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated studies, consulting, advisory boards and educational activities (lecturing, teaching)
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecturing

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Knop reports grants, personal fees and non-financial support from AstraZeneca, personal fees from Boehringer Ingelheim, personal fees from Carmot Therapeutics, personal fees and non-financial support from Eli Lilly, grants from Gubra, personal fees from MedImmune, personal fees and non-financial support from MSD/Merck, personal fees from Norgine, grants, personal fees and non-financial support from Novo Nordisk, grants and personal fees from Sanofi, grants and personal fees from Zealand Pharma, personal fees from Bayer, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tina	2. Surname (Last Name) Vilsbøll	3. Date 05-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Filip K. Knop
5. Manuscript Title Diverse Hepatic Microbiome in Healthy Lean and Obese Humans		
6. Manuscript Identifying Number (if you know it) JHEPR-D-20-00223		

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Gilead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Novo Nordisk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Eli Lilly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Mundipharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Sunpharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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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

Section 5. Relationships not covered above

Are there 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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Dr. Vilsbøll reports personal fees from Astra Zeneca, grants and personal fees from Boehringer Ingelheim, personal fees from Gilead, grants and personal fees from Novo Nordisk, grants and personal fees from Eli Lilly, personal fees from Sanofi, personal fees from Mundipharma, personal fees from Sunpharma, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Amandine

2. Surname (Last Name)

Broha

3. Date

05-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Professor Filip K. Knop

5. Manuscript Title

Diverse Hepatic Microbiome in Healthy Lean and Obese Humans

6. Manuscript Identifying Number (if you know it)

JHEPR-D-20-00223

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Ms. Broha has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Asger

2. Surname (Last Name)
Lund

3. Date
07-February-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Professor Filip K. Knop

5. Manuscript Title
Diverse Hepatic Microbiome in Healthy Lean and Obese Humans

6. Manuscript Identifying Number (if you know it)
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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novo Nordisk A/S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fee
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fee

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Dr. Lund reports personal fees from Novo Nordisk A/S, personal fees from Sanofi, outside the submitted work; .

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1. Given Name (First Name)
Benjamin

2. Surname (Last Name)
Lelouvier

3. Date
05-February-2021

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Corresponding Author's Name
Professor Filip K. Knop

5. Manuscript Title
Diverse Hepatic Microbiome in Healthy Lean and Obese Humans

6. Manuscript Identifying Number (if you know it)
JHEPR-D-20-00223

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. Lelouvier 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) Charlotte	2. Surname (Last Name) Strandberg	3. Date 07-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name prof.Filip K Knop
5. Manuscript Title Diverse Hepatic Microbiome in Healthy Lean and Obese Humans		
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Section 1. Identifying Information

1. Given Name (First Name) Jonatan	2. Surname (Last Name) Bagger	3. Date 07-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Filip Knop
5. Manuscript Title Diverse Hepatic Microbiome in Healthy Lean and Obese Humans		
6. Manuscript Identifying Number (if you know it) JHEPR-D-20-00223		

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Section 1. Identifying Information

1. Given Name (First Name)

Malte Palm

2. Surname (Last Name)

Suppli

3. Date

22-January-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Filip Krag Knop

5. Manuscript Title

Diverse Hepatic Microbiome in Healthy Lean and Obese Humans

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JHEPR-D-20-00223

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1. Given Name (First Name) Merete Juhl	2. Surname (Last Name) Koenig	3. Date 05-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Prof. Filip K Knop
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Mia

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Demant

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04-February-2021

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Filip Krag Knop

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