

ICMJE DISCLOSURE FORM

Date: 19/06/2021 _____

Your Name **FRANCESCA LODATO**

Manuscript Title **AN ANUSUAL CASE OF ACUTE CHOLESTATIC HEPATITIS AFTER m-RNABNT162b2 (COMIRNATY) SARS-CoV-2 VACCINE: COINCIDENCE, AUTOIMMUNITY OR DRUG RELATED LIVER INJURY?**

Manuscript number (if known): _____

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___X None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___X None	
3	Royalties or licenses	___X None	

4	Consulting fees	<input type="checkbox"/> X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> X None	
6	Payment for expert testimony	<input type="checkbox"/> X None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X None	
8	Patents planned, issued or pending	<input type="checkbox"/> X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X None	
11	Stock or stock options	<input type="checkbox"/> X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X None	
13	Other financial or non-financial interests	<input type="checkbox"/> X None	

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X 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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Your Name ANNA LAROCCA

Manuscript Title AN ANUSUAL CASE OF ACUTE CHOLESTATIC HEPATITIS AFTER m-RNABNT162b2 (COMIRNATY) SARS-CoV-2 VACCINE: COINCIDENCE, AUTOIMMUNITY OR DRUG RELATED LIVER INJURY?

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