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):

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.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 feesX None	
5 Payment or honoraria for lectures, presentations, speakers bureaus,	
manuscript writing or educational events	
6 Payment for expertX None testimony	
7 Support for attendingX None meetings and/or travel	
8 Patents planned, issued or pending X None	
9 Participation on a Data Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary role in other board, society,	
group, paid or unpaid	
11 Stock or stock optionsX None	
12 Receipt of equipment,X NoneX	
writing, gifts or other services	
13 Other financial or non- financial interests X None	

Please place an "X" next to the following statement to indicate your agreement:

__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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our Name ANNA LAROCCA
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		Time frame: past	36 months
2		None	

	Grants or contracts from		
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Plea	se place an "X" next to the	following statement to indi	cate your agreement:			
x.	_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form. A					
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You Mar CoV	-2 VACCINE: COINCIDENCE,	CASE OF ACUTE CHOLESTAT AUTOIMMUNITY OR DRUG	TIC HEPATITIS AFTER m-RNABNT162b2 (COMIRNATY) SARS-RELATED LIVER INJURY?			
rela part to ti rela	ted to the content of your miles whose interests may be ransparency and does not not took tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do s	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a o.			
	nuscript only.	o the author's relationships	stactivities/interests as they relate to the <u>current</u>			
to the med	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript. in this manuscript without time limit. For all other items,			
		Name all entities with	Specifications/Comments			
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)			
		none (add rows as				
		needed)				
		Time frame: Since the initial	planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials,	None				

	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	Doublein stien en e Dobe	Name	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
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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.	Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10		None	

	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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