Date:	17 <sup>th</sup> May 2021	
Your Name:	Mads Israelsen_	
<b>Manuscript Title:</b>	Comprehensive lipidomic	s reveals phenotypic differences in hepatic lipid turnover in ALD and NAFLD
during alcohol int	<u>oxication</u>	
Manuscript numb	er (if known): <u>JHEPR-D-21</u>	<u>-00091</u>

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.

		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	pranning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	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	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Date:_15 <sup>th</sup> May 2021	
Your Name:Min Kim	
Manuscript Title: Comprehensive lipidomics reveals phenotypic differences in hepatic lipid turnover in ALD and I	NAFLD
during alcohol intoxication	
Manuscript number (if known): JHEPR-D-21-00091	

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)
		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	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	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

Date:	14 <sup>th</sup> of May 2021
Your Name:	Tommi Suvitaival
Manuscript Title:	Comprehensive lipidomics reveals phenotypic differences in hepatic lipid turnover in
ALD and NAFLD during ald	cohol intoxication

Manuscript number (if known): JHEPR-D-21-00091

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</u> <u>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.

		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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses  Consulting fees	XNoneX None	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	
speakers bureaus, manuscript writing or	
manuscript writing or	
, e e e e e e e e e e e e e e e e e e e	
educational events	
6 Payment for expertXNone	
testimony	
7 Support for attendingXNone	
8 Patents planned, issued orX_None	
pending	
9 Participation on a DataX_None	
Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary roleXNone	
in other board, society,	
group, paid or unpaid	
11 Stock or stock optionsXNone	
12 Receipt of equipment,X_None	
materials, drugs, medical	
writing, gifts or other services	
13 Other financial or non- X_None	
financial interests	

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

Date:19/5-21	
Your Name:	_Bjørn Stæhr Madsen
Manuscript Title:	Comprehensive lipidomics reveals phenotypic differences in hepatic lipid turnover in ALD and NAFLD
during alcohol int	oxication
Manuscript numb	er (if known): IHEPP-D-21-00091

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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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.

	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)  planning of the work
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	
<b>《京文》的《京文》</b> (1987年)	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
Royalties or licenses	x_None	
Consulting fees	xNone	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial  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 xNone xNone  any entity (if not indicated in item #1 above).  Royalties or licenses xNone

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

x_ I certify that I	have answered every question a	nd have not altered t	the wording of any of the questions	on this
form.	<b>*</b>	011		
	15 Je	500	Made	
		0100		

Date: 17.05.21

Your Name: Camilla Dalby Hansen

Manuscript Title: Comprehensive lipidomics reveals phenotypic differences in hepatic lipid turnover in ALD and NAFLD

during alcohol intoxication

Manuscript number (if known): JHEPR-D-21-00091

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</u> <u>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.

		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	pranning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	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, 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	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

Date:13 <sup>th</sup> of May 2021
Your Name:Nikolaj Torp
Manuscript Title: Comprehensive lipidomics reveals phenotypic differences in hepatic lipid turnover in ALD and NAFLD
during alcohol intoxication
Manuscript number (if known): JHEPR-D-21-00091

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)  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	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: past _X_NoneX_None	36 months
4	Consulting fees	X_None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
	-		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		

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

Date:	14 <sup>th</sup> of May 2021_	
Your Name:	Kajetan Trost	
<b>Manuscript Title:</b>	Comprehensive lipide	omics reveals phenotypic differences in hepatic lipid turnover in ALD and NAFLD
during alcohol int	oxication	
Manuscrint numb	er (if known): IHEDR-	D-21_00091

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)
		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).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	,	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	_xNone	
	G ,		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		
	financial interests		

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

Date:May 16 <sup>th</sup> 2021
Your Name:Maja Thiele
Manuscript Title: Comprehensive lipidomics reveals phenotypic differences in hepatic lipid turnover in ALD and NAFLD
during alcohol intoxication
Manuscript number (if known): JHEPR-D-21-00091

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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		<del>-</del> : ,	26 1
		Time frame: past	36 months
2	Grants or contracts from	None	
	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, 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	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

Dat	e:_18/5-2021			
You	r Name: Torben Hansen			
Mai	nuscript Title: <u>Comprehensi</u>	ve lipidomics reveals pher	notypic differences in hepatic lipid turnover in ALD and NAFI	<u>.D</u>
<u>dur</u>	ing alcohol intoxication			
Mai	nuscript number (if known):	JHEPR-D-21-00091		
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	following questions apply to nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to to to med	he epidemiology of hyperted dication, even if that medica em #1 below, report all sup	nsion, you should declare tion is not mentioned in t port for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d 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 initia	al planning of the work	
1	All support for the present manuscript (e.g., funding,	None		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)  No time limit for this item.			
	No time ininit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated			

in item #1 above).
Royalties or licenses

Consulting fees

4

None

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	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
		_	

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

Date:18 May	
2021	
Your Name:Cristi	na
Legido=Quigley	
Manuscript Title: Con	prehensive lipidomics reveals phenotypic differences in hepatic lipid turnover in ALD and NAFLD
during alcohol intoxic	<u>tion</u>
Manuscript number (i	known): IHEPR-D-21-00091

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	x_None	

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

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

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date:	14. ma	j 2021	
Your na	ame:	Aleksander Krag	
Manus	cript tit	le: <u>Compr</u>	ehensive lipidomics reveals phenotypic differences in hepatic lipid
Manuscr	rip num	<b>ber</b> (if known):	JHEPR-D-21-00091

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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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)
	e frame: Since the initial plar	ı	
1	All support for the present	☐ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Novo Nordisk Foundation	PI in MicrobLiver, A Challenge Grant, grant number NNF15OC0016692 from the Novo Nordisk Foundation
	No time limit for this item.		

Click TAB in last row to add extra rows

Tim	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None			
		EU Horizon 2020	Coordinator of Galaxy, EU funded under grant agreement No 668031		
		EU Horizon 2020	PI in LiverScreen, EU funded under grant agreement No 847989		
		EU Horizon 2020	PI in MicrobPredict, EU funded under grant agreement No 825694.		

		EU Horizon 2020	PI in IHMCSA, EU funded under grant agreement No 964590
		Novo Nordisk Foundation	PI in MicrobLiver, A Challenge Grant, grant number NNF15OC0016692 from the Novo Nordisk Foundation
		Innovationsfonden	Research funding, Innoexplorer
		Danmarks Grundforskningsfond	PI in ATLAS, Grundforskningscenter
		Region Syddanmark	Center grant for Elite Research Centre FLASH
3	Royalties or licenses	⊠ None	
3	Noyalties of ficerises	△ None	
4	Consulting fees	⊠ None	
		Norgine	Advisory board
		Siemens	Advisory board
5	Payment or honoraria for	□ None	
,	lectures, presentations,	Norgine	Lectures
	speakers bureaus,	Siemens	lectures, speaker's bureau
	manuscript writing or	Siemens	lectures, speaker s bureau
	educational events		
6	Payment for expert testimony	<b>⊠</b> None	
7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
8	Patents planned, issued or pending	MAL	
٥		<b>⊠</b> None	
9	Participation on a Data	☑ None	
	Safety Monitoring Board or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Descint of actions and		
12	Receipt of equipment, materials, drugs, medical	None	Diference for an investigate state to the C.
	writing, gifts or other	Norgine	Rifaximin for an investigator initiated study, Galaxy EU funded under grant agreement No 847989
	services	Siemens	FLE test for an investigator initiated study

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		Echosence	Fibroscan for an investigator initiated study, LiverScreen EU funded under grant agreement No 847989
13	Other financial or non-	<b>⊠</b> None	
	financial interests		

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

# IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Please save/export **the filled in form as PDF before submitting** it to Ugeskrift for Læger or Danish Medical Journal.