Date:	12/12/2021
Your Name:	Aidan McGlinchey
Manuscript Title:	Metabolic signatures across the full spectrum of nonalcoholic fatty liver disease
Manuscript Number (if known):	JHEPR-D-21-00292

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 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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None 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 □	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

			ICIVISE DISCESSORE I O	IXIVI
Dat	te:		12/21/2021	
You	ur Name:		Olivier Govaere	
Manuscript Title:			Metabolic signatures across the full spectru	um of nonalcoholic fatty liver disease
Ma	nuscript Number (if l	known):	JHEPR-D-21-00292	
cor aff	ntent of your manusci ected by the content	ript. "Rela of the ma		
epi		ension, yo	· · · · · · · · · · · · · · · · · · ·	example, if your manuscript pertains to the facturers of antihypertensive medication, even if
	item #1 below, report me for disclosure is th			rithout time limit. For all other items, the time
			Il entities with whom you have this ship 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.	EPoS Steato Horizo Europ 63441 LITML Utility by the Progra	(Elucidating Pathways of ohepatitis) consortium funded by the on 2020 Framework Program of the ean Union under Grant Agreement 3 US (Liver Investigation: Testing Marker in Steatohepatitis) consortium funded Innovative Medicines Initiative (IMI2) am of the European Union under Grant ment 777377	Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one	
3	Royalties or licenses	× N	one	

		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)
4	Consulting fees	None 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 □	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

			ICIVISE DISCESSORE TO	IXIVI
Date:			12/10/2021	
You	ır Name:		Dawei Geng	
Ma	nuscript Title:		Metabolic signatures across the full spectru	ım ofnonalcoholic fatty liver disease
Ma	nuscript Number (if k	known):	JHEPR-D-21-00292	
content of your manuscript. "Rel affected by the content of the ma				
epi		ension, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if
	tem #1 below, report me for disclosure is th			rithout time limit. For all other items, the time
			ll entities with whom you have this ship 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.	EPoS (Steato Horizo Europe 63441: LITMU Utility by the Progra	(Elucidating Pathways of ohepatitis) consortium funded by the on 2020 Framework Program of the ean Union under Grant Agreement 3 US (Liver Investigation: Testing Marker in Steatohepatitis) consortium funded Innovative Medicines Initiative (IMI2) am of the European Union under Grant ment 777377	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne	
3	Royalties or licenses	⊠ No	one	

		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)
4	Consulting fees	None 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 □	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

			TCIVISE DISCESSORE TO	IXIVI
Date	e:		1/10/2022	
You	r Name:		Vlad Ratziu	
Mar	nuscript Title:		Metabolic signatures across the full spectru	ım ofnonalcoholic fatty liver disease
Mar	nuscript Number (if k	known):	JHEPR-D-21-00292	
content of your manuscript. "Rel affected by the content of the ma				· · · · · · · · · · · · · · · · · · ·
epic		ension, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time
			ll entities with whom you have this ship 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.	EPoS Steato Horizo Europe 63441 LITMU Utility by the Progra	(Elucidating Pathways of ohepatitis) consortium funded by the on 2020 Framework Program of the ean Union under Grant Agreement 3 US (Liver Investigation: Testing Marker in Steatohepatitis) consortium funded Innovative Medicines Initiative (IMI2) am of the European Union under Grant ment 777377	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne	
3	Royalties or licenses	⊠ N	one	

		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)
4	Consulting fees	None 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 □	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

			ICMJE DISCLOSURE FO	PRIM	
Date: 12/20/2021					
Your Name:			Michael Allison		
Manuscript Title:			Metabolic signatures across the full spectru	um ofnonalcoholic fatty liver disease	
Mar	nuscript Number (if l	known):	JHEPR-D-21-00292		
content of your manuscript. "Rela affected by the content of the ma			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity	/interest, it is preferable that you do so.	
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.					
	em #1 below, report ne for disclosure is th			vithout time limit. For all other items, the time	
	Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments well made to you or to your institution)			Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial 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.	EPoS (Steato Horizo Europe 63441: LITMU Utility) by the Progra	Elucidating Pathways of hepatitis) consortium funded by the n 2020 Framework Program of the ean Union under Grant Agreement 3 S (Liver Investigation: Testing Marker in Steatohepatitis) consortium funded Innovative Medicines Initiative (IMI2) am of the European Union under Grant ment 777377	Evelyn Trust Grant Click the tab key to add additional rows.	
			Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne mithKline	Research Grant funding to Institution	
3	Royalties or licenses	⊠ Ne	one		

		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)
4	Consulting fees	None 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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	✓ None Intercept	Personal
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date	Date:		12/22/2021		
Your Name:			Jerome Boursier		
Manuscript Title:			Metabolic signatures across the full spectrum of nonal coholic fatty liver disease		
Mar	nuscript Number (if k	nown):	JHEPR-D-21-00292		
In the interest of transparency, we content of your manuscript. "Reaffected by the content of the maindicate a bias. If you are in double the author's relationships/activities epidemiology of hypertension, you that medication is not mentioned."		ipt. "Rela of the ma e in doub as/activitinsion, you entioned all suppo	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	interest, it is preferable that you do so.	
			Il entities with whom you have this ship 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.	EPoS Steato Horizo Europ 63441 LITMU Utility by the	(Elucidating Pathways of Ohepatitis) consortium funded by the on 2020 Framework Program of the ean Union under Grant Agreement 3 US (Liver Investigation: Testing Marker in Steatohepatitis) consortium funded el Innovative Medicines Initiative (IMI2) am of the European Union under Grant ment 777377	Click the tab key to add additional rows.	
			Time frame: past 36 mont	hs	
2	Grants or contracts from any entity (if not indicated in item #1 above).		ens, Intercept, Inventiva, Siemens	Institutional grants unrelated to this project, provided to Pr Boursier's Institution	
3	Royalties or licenses	× N	one		

		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)		
4	Consulting fees	□ None		
		Echosens, Intercept, Siemens	Fees to Pr Boursier	
5	Payment or honoraria for	□ None		
	lectures,	Gilead, Intercept, Lilly, Siemens	Speaker fees to Pr Boursier	
	presentations, speakers			
	bureaus, manuscript writing or educational			
	events			
6	Payment for expert testimony	None		
7	Support for attending	⊠ None		
	meetings and/or travel			
8	Patents planned, issued or pending	None ■		
	issued of pending			
9	Participation on a Data Safety	□ None		
	Monitoring Board or Advisory Board	Bristol-Myers, Echosens, Intercept, MSD	Advisory boards, fees to Pr Boursier	
	T. A. G. S. Y. Bould			
10	Leadership or fiduciary role in	⊠ None		
	other board, society,			
	committee or advocacy group,			
	paid or unpaid			

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

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

3 8/26/2021 ICMJE Disclosure Form

			ICIVISE DISCESSORE I O	IXIVI
Da	te:		12/24/2021	
Your Name:			Salvatore Petta	
Ma	nuscript Title:		Metabolic signatures across the full spectru	um ofnonalcoholic fatty liver disease
Ma	nuscript Number (if l	known):	JHEPR-D-21-00292	
content of your manuscript. "Relaffected by the content of the ma				
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.			
			Il entities with whom you have this ship 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.	EPoS Steato Horizo Europ 63441 LITML Utility by the Progra	(Elucidating Pathways of ohepatitis) consortium funded by the on 2020 Framework Program of the ean Union under Grant Agreement 3 US (Liver Investigation: Testing Marker in Steatohepatitis) consortium funded Innovative Medicines Initiative (IMI2) am of the European Union under Grant ment 777377	Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one	
3	Royalties or licenses	⊠ N	one	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)		
4	Consulting fees	□ None		
		AbbVie, Intercept, Novonordisk, Pfyzer	Fees to Prof. Petta	
5	Payment or honoraria for	□ None		
	lectures, presentations,	Gilead, AbbVie, Echosens	Speaker fees to Pr Boursier	
	speakers bureaus, manuscript writing or educational			
6	events Payment for	None		
	expert testimony			
7	Support for	None ■ No		
	attending meetings and/or			
	travel			
8	Patents planned,	None Non		
	issued or pending			
9	Participation on	□ None		
	a Data Safety Monitoring Board or	AbbVie, Intercept, Novonordisk, Pfyzer	Advisory boards, fees to Pr Boursier	
	Advisory Board			
10	Leadership or fiduciary role in	None		
	other board, society, committee or			
	advocacy group, paid or unpaid			

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

			ICIVISE DISCLOSORE TO	IXIVI		
Date:			12/21/2021			
Your Name:			Claudia P Oliveira			
Manuscript Title:			Metabolic signatures across the full spectru	ım ofnonalcoholic fatty liver disease		
Mar	nuscript Number (if k	known):	JHEPR-D-21-00292			
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the ma		ript. "Rela of the ma				
epic		ension, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time		
			Il entities with whom you have this ship 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.	EPoS Steato Horizo Europo 63441 LITMU Utility by the Progra	(Elucidating Pathways of Chepatitis) consortium funded by the Consumer of the	Click the tab key to add additional rows.		
			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne			
3	Royalties or licenses	⊠ N	one			

		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)
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 Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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 None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		12/21/2021	12/21/2021		
Υοι	ır Name:	Elisabetta Bugianesi	Elisabetta Bugianesi		
Manuscript Title:		Metabolic signatures across the full spe	Metabolic signatures across the full spectrum of nonal coholic fatty liver disease		
Ma	nuscript Number (if k	nown):JHEPR-D-21-00292			
con affe ind	tent of your manuscriected by the content o icate a bias. If you are	ot. "Related" means any relation with for-profit f the manuscript. Disclosure represents a commi	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi	demiology of hyperter		nufacturers of antihypertensive medication, even if		
	tem #1 below, report and the for disclosure is the		ot without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial plan	ing of the work		
1	All support for the	□ None			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	EPoS (Elucidating Pathways of Steatohepatitis) consortium funded by the Horizon 2020 Framework Program of the European Union under Grant Agreement 634413 LITMUS (Liver Investigation: Testing Marker Utility in Steatohepatitis) consortium funded by the Innovative Medicines Initiative (IMI2) Program of the European Union under Grant Agreement 777377	Click the tab key to add additional rows.		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	consortium funded by the Horizon 2020 Framework Program of the European Union under Grant Agreement 634413 LITMUS (Liver Investigation: Testing Marker Utility in Steatohepatitis) consortium funded by the Innovative Medicines Initiative (IMI2) Program of the European Union under Grant	Click the tab key to add additional rows.		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	consortium funded by the Horizon 2020 Framework Program of the European Union under Grant Agreement 634413 LITMUS (Liver Investigation: Testing Marker Utility in Steatohepatitis) consortium funded by the Innovative Medicines Initiative (IMI2) Program of the European Union under Grant Agreement 777377	Click the tab key to add additional rows.		

		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)
4	Consulting fees	□ None GILEAD, NOVO NORDISK, MSD, BOHERINGER	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	GILEAD, NOVO NORDISK, PFIZER	
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	NOVO NORDISK, LILLY, MSD	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		-	Specifications/Comments (e.g., if payments were made to you or to your institution)
Stock or stock options		None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
Other financial or non-financial interests		None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial

			ICIVIJE DISCLOSURE FO	RIVI	
Dat	e:		8/26/2021		
You	ır Name:		Jörn Schattenberg		
Manuscript Title:			Metabolic signatures across the full spectru	um ofnonalcoholic fatty liver disease	
Mai	nuscript Number (if	known):	JHEPR-D-21-00292		
content of your manuscript. "Rel affected by the content of the ma				· · · · · · · · · · · · · · · · · · · ·	
				example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			vithout time limit. For all other items, the time	
			ll entities with whom you have this ship 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 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).		ne Sciences, Boehringer Ingelheim, Siemens care GmbH	Not related to the current work	
3	Royalties or licenses	⊠ N	one		

		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)
4	Consulting fees	□ None BMS, Boehringer Ingelheim, Echosens, Genfit, Gilead Sciences, Intercept Pharmaceuticals, Madrigal, Merck, Nordic Bioscience, Novartis, Pfizer, Roche, Sanofi, Siemens Healthcare GmbH	Not related to the current work
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 None □	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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Date:	12/20/2021
Your Name:	Ann Daly
Manuscript Title:	Metabolic signatures across the full spectrum of nonal coholic fatty liver disease
Manuscript Number (if known):	JHEPR-D-21-00292

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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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Date:	12/22/2021
Your Name:	Tuulia Hyötyläinen
Manuscript Title:	Metabolic signatures across the full spectrum of nonal coholic fatty liver disease
Manuscript Number (if known):	JHEPR-D-21-00292

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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.	EPoS (Elucidating Pathways of Steatohepatitis) consortium funded by the Horizon 2020 Framework Program of the European Union under Grant Agreement 634413 LITMUS (Liver Investigation: Testing Marker Utility in Steatohepatitis) consortium funded by the Innovative Medicines Initiative (IMI2) Program of the European Union under Grant Agreement 777377 Time frame: past 36 month	Click the tab key to add additional rows.
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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 Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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	

			e all entities with whom you have this ionship 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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13	Other financial or non-financial interests		None	
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Your Name:		Quentin M. Anstee			
Manuscript Title:		Metabolic signatures across the full spectru	Metabolic signatures across the full spectrum of nonal coholic fatty liver disease		
Manuscript Number (if known):): JHEPR-D-21-00292			
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ер		·	example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	item #1 below, report all su ame for disclosure is the pas	pport for the work reported in this manuscript w t 36 months.	ithout time limit. For all other items, the time		
		e all entities with whom you have this ionship 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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6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None None	

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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Medpace (North Sea Therapeutics)	
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 Non	
13	Other financial or non-financial interests	None Non	
Please place an "X" next to the following statement to indicate your agreement:			
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3 8/26/2021 ICMJE Disclosure Form

			ICIVISE DISCESSORE I O	IXIVI	
Date:			12/22/2021		
Your Name:			Matej Oresic		
Manuscript Title:			Metabolic signatures across the full spectru	um ofnonalcoholic fatty liver disease	
Ma	nuscript Number (if	known):	JHEPR-D-21-00292		
content of your manuscript. "Rel affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
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, ever that medication is not mentioned in the manuscript.					
	item #1 below, report me for disclosure is th			rithout time limit. For all other items, the time	
			Il entities with whom you have this ship 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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			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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	

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