ICMJE DISCLOSURE FORM

Date:	12/21/2021
Your Name:	Bichitra Paul
Manuscript Title:	Lipid alterations in chronic liver disease and liver cancer
Manuscript Number (if known):	JHEPR-D-21-00302

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

			ications/Comments (e.g., if payments were 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 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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.				

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Date:	12/21/2021
Your Name:	Jesper B Andersen
Manuscript Title:	Lipid alterations in chronic liver disease and liver cancer
Manuscript Number (if known):	JHEPR-D-21-00302
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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.	None None	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).	□ None Independent Research Fund Denmark Novo Nordisk Foundation Lundbeck Foundation	Neye Foundation Incyte Dansk KræftForskningsFond
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 Pioneer Flagship QED Therapeutics	
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 SEALD, Norway	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	

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Date:	12/20/2021
Your Name:	Monika Lewinska
Manuscript Title:	Lipid alterations in chronic liver disease and liver cancer
Manuscript Number (if known):	JHEPR-D-21-00302

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