

## ICMJE DISCLOSURE FORM

**Date:** 4/22/2022

**Your Name:** Carlos King Ho Wong

**Manuscript Title:** Risk of acute liver injury following the mRNA (BNT162b2) and inactivated (CoronaVac) COVID-19 vaccines: A self-controlled case series study

**Manuscript Number (if known):** JHEPAT-D-22-00366

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.

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**Your Name:** Eric Yuk Fai Wan

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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 FORM

**Date:** 4/22/2022

**Your Name:** Francisco Tsz Tsun Lai

**Manuscript Title:** Risk of acute liver injury following the mRNA (BNT162b2) and inactivated (CoronaVac) COVID-19 vaccines: A self-controlled case series study

**Manuscript Number (if known):** JHEPAT-D-22-00366

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**Date:** 4/22/2022

**Your Name:** Franco Wing Tak Cheng

**Manuscript Title:** Risk of acute liver injury following the mRNA (BNT162b2) and inactivated (CoronaVac) COVID-19 vaccines: A self-controlled case series study

**Manuscript Number (if known):** JHEPAT-D-22-00366

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**Date:** 4/22/2022

**Your Name:** Ian Chi Kei Wong

**Manuscript Title:** Risk of acute liver injury following the mRNA (BNT162b2) and inactivated (CoronaVac) COVID-19 vaccines: A self-controlled case series study

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

		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)
	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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 FORM

**Date:** 4/22/2022

**Your Name:** Ivan Chi Ho Au

**Manuscript Title:** Risk of acute liver injury following the mRNA (BNT162b2) and inactivated (CoronaVac) COVID-19 vaccines: A self-controlled case series study

**Manuscript Number (if known):** JHEPAT-D-22-00366

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.

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## ICMJE DISCLOSURE FORM

**Date:** 4/22/2022

**Your Name:** Lung Yi Mak

**Manuscript Title:** Risk of acute liver injury following the mRNA (BNT162b2) and inactivated (CoronaVac) COVID-19 vaccines: A self-controlled case series study

**Manuscript Number (if known):** JHEPAT-D-22-00366

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## ICMJE DISCLOSURE FORM

**Date:** 4/22/2022

**Your Name:** Man Fung Yuen

**Manuscript Title:** Risk of acute liver injury following the mRNA (BNT162b2) and inactivated (CoronaVac) COVID-19 vaccines: A self-controlled case series study

**Manuscript Number (if known):** JHEPAT-D-22-00366

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; padding: 2px;">AbbVie</td><td style="padding: 2px;">Payments were made to institution</td></tr> <tr><td style="padding: 2px;">Arbutus Biopharma</td><td style="padding: 2px;">Payments were made to institution</td></tr> <tr><td style="padding: 2px;">Assembly Biosciences</td><td style="padding: 2px;">Payments were made to institution</td></tr> <tr><td style="padding: 2px;">Bristol Myer Squibb</td><td style="padding: 2px;">Payments were made to institution</td></tr> <tr><td style="padding: 2px;">Dicerna Pharmaceuticals</td><td style="padding: 2px;">Payments were made to institution</td></tr> <tr><td style="padding: 2px;">GlaxoSmithKline</td><td style="padding: 2px;">Payments were made to institution</td></tr> <tr><td style="padding: 2px;">Gilead Sciences</td><td style="padding: 2px;">Payments were made to institution</td></tr> <tr><td style="padding: 2px;">Janssen</td><td style="padding: 2px;">Payments were made to institution</td></tr> <tr><td style="padding: 2px;">Merck Sharp and Dohme</td><td style="padding: 2px;">Payments were made to institution</td></tr> <tr><td style="padding: 2px;">Clear B Therapeutics</td><td style="padding: 2px;">Payments were made to institution</td></tr> <tr><td style="padding: 2px;">Springbank Pharmaceuticals</td><td style="padding: 2px;">Payments were made to institution</td></tr> <tr><td style="padding: 2px;">Arrowhead Pharmaceuticals</td><td style="padding: 2px;">Payments were made to institution</td></tr> </table>	AbbVie	Payments were made to institution	Arbutus Biopharma	Payments were made to institution	Assembly Biosciences	Payments were made to institution	Bristol Myer Squibb	Payments were made to institution	Dicerna Pharmaceuticals	Payments were made to institution	GlaxoSmithKline	Payments were made to institution	Gilead Sciences	Payments were made to institution	Janssen	Payments were made to institution	Merck Sharp and Dohme	Payments were made to institution	Clear B Therapeutics	Payments were made to institution	Springbank Pharmaceuticals	Payments were made to institution	Arrowhead Pharmaceuticals	Payments were made to institution
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		Fujirebio Incorporation and Sysmex Corporation	Payments were made to institution Payments were made to institution
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
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<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety	<input checked="" type="checkbox"/> <b>None</b>	

		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)
	Monitoring Board or Advisory Board	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
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		<input type="checkbox"/>	
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Please place an "X" next to the following statement to indicate your agreement:

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## ICMJE DISCLOSURE FORM

**Date:** 4/22/2022

**Your Name:** Wing Yiu, Cheng

**Manuscript Title:** Risk of acute liver injury following the mRNA (BNT162b2) and inactivated (CoronaVac) COVID-19 vaccines: A self-controlled case series study

**Manuscript Number (if known):** JHEPAT-D-22-00366

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**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 FORM

**Date:** 4/22/2022

**Your Name:** Xue Li

**Manuscript Title:** Risk of acute liver injury following the mRNA (BNT162b2) and inactivated (CoronaVac) COVID-19 vaccines: A self-controlled case series study

**Manuscript Number (if known):** JHEPAT-D-22-00366

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.

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