

## ICMJE DISCLOSURE FORM

**Date:** 9/1/2022

**Your Name:** Jasmine Edwards

**Manuscript Title:** Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

**Manuscript Number (if known):** JHEPR-D-22-00279

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:** Stephanie Delabat

**Manuscript Title:** Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

**Manuscript Number (if known):** JHEPR-D-22-00279

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**Your Name:** Alejandro Badilla

**Manuscript Title:** Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

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**Your Name:** Robert DiCaprio

**Manuscript Title:** Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

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## ICMJE DISCLOSURE FORM

**Date:** 9/1/2022

**Your Name:** Jinhee Hyun

**Manuscript Title:** Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

**Manuscript Number (if known):** JHEPR-D-22-00279

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## ICMJE DISCLOSURE FORM

**Date:** 9/1/2022

**Your Name:** Robert Burgess

**Manuscript Title:** Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

**Manuscript Number (if known):** JHEPR-D-22-00279

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## ICMJE DISCLOSURE FORM

**Date:** 9/1/2022

**Your Name:** Tiago Silva

**Manuscript Title:** Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

**Manuscript Number (if known):** JHEPR-D-22-00279

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## ICMJE DISCLOSURE FORM

**Date:** 9/1/2022

**Your Name:** Derek Dykxhoorn

**Manuscript Title:** Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

**Manuscript Number (if known):** JHEPR-D-22-00279

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7	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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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:** 9/1/2022

**Your Name:** Stephen Xi Chen

**Manuscript Title:** Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

**Manuscript Number (if known):** JHEPR-D-22-00279

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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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:** 9/1/2022

**Your Name:** Lily Wang

**Manuscript Title:** Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

**Manuscript Number (if known):** JHEPR-D-22-00279

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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## ICMJE DISCLOSURE FORM

Date: 9/1/2022

Your Name: Yuji Ishida

Manuscript Title: Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

Manuscript number (if known): JHEPR-D-22-00279

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	_____	
5	Payment or honoraria for lectures, presentations, 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 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	PhoenixBio	I am an employee of PhoenixBio

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.



## ICMJE DISCLOSURE FORM

Date: 9/1/202

Your Name: Takeshi Saito

Manuscript Title: Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

Manuscript number (if known): JHEPR-D-22-00279

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Research Funding from PhoenixBio	Funding to my institution.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	_____	
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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	

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  X   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:** 8/28/2022

**Your Name:** Emmanuel Thomas

**Manuscript Title:** Downregulation of SOCS1 Increases Interferon-Induced ISGylation as Induced-Pluripotent Stem Cells Differentiate to Hepatocytes

**Manuscript Number (if known):** JHEPR-D-22-00279

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

**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.