Date: 5 october 2022

Your Name: Alejandra Villamil

Manuscript Title: Histological and serological features of acute liver injury after SARS-CoV-2 vaccination

Manuscript Number (if known): Unknown

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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.

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)	
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	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X□ None		

3	Royalties or licenses	X□ None	
4	Consulting fees	X □ None	
112/1	3/2021ICMJE Disclosure	Form	
112,1	5, <u>2021.0</u>		
5	Payment or honoraria for lectures, presentatio ns, speakers bureaus, manuscript writing or educational events	X□ None	
6	Payment for expert testimony	X□ None	

Support for attending meetings and/or travel	X□ None
Patents planned, issued or pending	X□ None
Participation on a Data Safety Monitoring Board or Advisory Board	X□ None
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X□ None
Stock or stock options	X□ None
Receipt of	X□ None
2/2021ICMIE Disclosure	Form
	VIIII
materials, drugs,	
	Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of

	writing, gifts or other services				
13	Other financial or non-financial interests	X⊠ None			
Plea	Please place an "X" next to the following statement to indicate your agreement:				
Χ□	l certify that I have	answered every question and have not altered the wording of any of the questions on this form.			

312/13/2021ICMJE Disclosure Form

Date:	8/30/2022
Your Name:	Del Poggio Paolo
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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)
		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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	15
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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead	Educational events
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Gilead	Participation to Digital AASLD 2021
8	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board		Advisory Board
1	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	

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

POLICLINICO SAN MARCO
Cod. Struttura 301009401
DIPARTIMENTO MEDICO RIABILITATIVO
Dott. PAOLO DEL POGGIO
C.F.: DLPPLA51T29F205K

Date:	8/27/2021
Your Name:	AGUSTIN CASTIELLA
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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3	Royalties or licenses	None	

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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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/27/2022
Your Name:	Gülsüm Özlem Elpek]
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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3	Royalties or licenses	None	

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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 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.			

8/29/2022
Heiner Wedemeyer
Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
JHEPR-D-22-00256

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			15
2	Grants or contracts from any entity (if not indicated in item #1 above).	Merz, Norgine	
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	Falk, Intercept, Merz, Norgine, Pfizer	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Falk, Gore, Intercept, Merz, Norgine, 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	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
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 Falk	Clinical Trial Principal Investigator
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.		

Hannover, 28 August 2022 Prof. Dr. Heiner Wedemeyer

Date:	9/2/2022
Your Name:	Nese Karadag Soylu
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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3	Royalties or licenses	None	

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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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: \[\text{L certify that I have answered every question and have not altered the wording of any of the questions on this form.} \]			

Date:	Click or tap to enter a date.	26-AUG-2022
Your Name:	Click or tap here to enter text.	CHRISTINE BERUSMETER
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination	
Manuscript Number (if known):	JHEPR-D-22-00256	

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3	Royalties or licenses	None	

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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
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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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 Non	
١.		t to the following statement to indicate your ag	reement: the wording of any of the questions on this form.

Date:	8/26/2022
Your Name:	Andreas Cerny
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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3	Royalties or licenses	None	

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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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/31/2022
Your Name:	Federica Invernizzi
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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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 month	Click the tab key to add additional rows.
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contracts from	× None	
#1 above).		
Royalties or	None	
licenses		
any entity (if not indicated in item #1 above).	None None None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if pay made to you or to your institution)	ments were
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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/31/2022
Your Name:	Federica Pedica
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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3	Royalties or licenses	None	

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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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/27/2022
Your Name:	Raúl J. Andrade Bellido
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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Date:	8/26/2021
Your Name:	Cumali
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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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 None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	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	•	e following statement to indicate your agreeme	

3 12/13/2021 ICMJE Disclosure Form

Date:			8/27/2022			
Your Name:			Bastian Engel			
Manuscript Title:			Histological and serological features of acut	e liver injury after SARS-CoV-2 vaccination		
Ma	nuscript Number (if k	(nown):	JHEPR-D-22-00256			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.			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 earth and u should declare all relationships with manufin the manuscript.	/interest, it is preferable that you do so.		
			l 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						
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.	PRACTI: Hannov	S clinician scientist programme by ver Medical School and German Research ation (DFG)	Funding for my position Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	PRACTI: Hannov	S clinician scientist programme by ver Medical School and German Research	Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	PRACTI: Hannov Founda	S clinician scientist programme by ver Medical School and German Research ation (DFG)	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 pay made to you or to your institution)	ments were
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 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 ⊠	•	e following statement to indicate your agreeme	

Date:	9/22/2022
Your Name:	GIGUET Baptiste
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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		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)
		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	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	
3	Royalties or licenses	None	

			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	

		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)
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		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	8/26/2022
Your Name:	Guido Poggi
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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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	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	
3	Royalties or licenses	None	

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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 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 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 ⊠	•	e following statement to indicate your agreeme	

Date:	8/28/2022	
Your Name:	Helena Sung-In Jang	
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination	
Manuscript Number (if known):	JHEPR-D-22-00256	

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H			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)
			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, next 26, month	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).	\boxtimes	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 pay made to you or to your institution)	ments were
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 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 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: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/31/2021	
Your Name:	Eleonora De Martin	
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination	
Manuscript Number (if known):	JHEPR-D-22-00256	

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		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	Click the tab key to add additional rows.
		Time frame: past 36 months	S
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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	ASTELLAS CHIESI	Educational events Educational event
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None SANDOZ	One national congress
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
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:	8/31/2021	
Your Name:	Limas Kupčinskas	
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination	
Manuscript Number (if known):	JHEPR-D-22-00256	

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		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	Click the tab key to add additional rows.
		Time frame: past 36 months	S
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 pay made to you or to your institution)	ments were
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 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: Certify that I have answered every question and have not altered the wording of any of the questions on this form			

3 12/13/2021 ICMJE Disclosure Form

Date:	8/26/2021
Your Name:	Thomas Damgaard Sandahl
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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

			fications/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None Non	
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	
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	t to th	None e following statement to indicate your agreeme	nt:

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

Ares

Date:	8/30/2022
Your Name:	Tom J.G. Gevers
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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		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)
		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	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	
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 pay made to you or to your institution)	ments were
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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

ľ			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	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

Da	te:		8/28/2022	8/28/2022		
Yo	ur Name:		Ana LLEO			
Ma	nuscript Title:		Histological and serological features of acut	e liver injury after SARS-CoV-2 vaccination		
Ma	nuscript Number (if k	nown):	JHEPR-D-22-00256			
cor affind The epi tha	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.					
			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.,	⊠ N	lone			

funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or □ None contracts from any entity (if not Italian Association for Cancer Research (AIRC) indicated in item Italian Ministry of Helath #1 above). **COST Action** 3 Royalties or \boxtimes None licenses

		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)
5	Consulting fees Payment or	□ None Intercept Pharma AlfaSigma Takeda AstraZeneca □ None	Albireo
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead Abbvie MSD	Intercept Pharma AlfaSigma GSK
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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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	•	e following statement to indicate your agreeme	

3 12/13/2021 ICMJE Disclosure Form

Date:	8/26/2022
Your Name:	Albert Stättermayer
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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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	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	
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 pay made to you or to your institution)	ments were
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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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	
Plea ⊠	•	e following statement to indicate your agreeme	

Date:	8/26/2021
Your Name:	Benedetta Terziroli Beretta-Piccoli
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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		Time frame: past 36 month	s
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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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	•	e following statement to indicate your agreeme	

Date:	9/9/2022
Your Name:	Jan Philipp Weltzsch, MD
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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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.

		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)
		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	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	
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 pay made to you or to your institution)	ments were
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 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 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: \[\textstyle Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/26/2022
Your Name:	Masayuki Ueno
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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3	Royalties or licenses	None	

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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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: \[\textstyle Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	9/22/2022
Your Name:	Mirjam Kolev]
Manuscript Title:	Histological and serological features of a cute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	Click or tap here to enter text

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		Time frame: past 36 month	IS .
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	
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	

		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)
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	
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:	8/26/2022
Your Name:	Richard Taubert
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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			pecifications/Comments (e.g., if payments were nade to you or to your institution)
		Time frame: Since the initial planning of the	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 Clic Time frame: past 36 months	ick the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	■ None	
3	Royalties or licenses	None 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	MSD (2022) AET GmbH Co. KG (2021)	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Alexion (2022) Orphalan (2022) Chiesi (2022)	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None HIP1R/BSA autoantibodies in AIH (EP 18789434.0)	
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	

			all entities with whom you have this nship 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	N N	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	⊠ N	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:	8/26/2022
Your Name:	Marcial Sebode
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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3	Royalties or licenses	None	

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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 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 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 ⊠	•	e following statement to indicate your agreeme	

	ICIVISE DISCLOSORE I ORIVI
Date:	8/30/2021
Your Name:	PROF. DR. TONY BRUNS
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti	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. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.
	ort for the work reported in this manuscript without 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 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.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None T.B. is an employee of the University Hospital RWTH Aaachen. TB was supported by a research grant from the German Research Foundation (DFG) (SFB1382 Project ID 403114013/B07)	
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	T.B. has received speakers honoraria from Intercept Pharmaceuticals, Falk Foundation, AbbVie, CSL Behring, Merck, and Norgine, from Gilead without impact on the scientific content of the manuscript
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	TB was a member of an advisory board of Intercept Pharmaceuticals, SOBI, and Grifols.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	TB is a speaker of the working group "complications of cirrhosis" of the German Society for Gastroenterology, Digestive and Metabolic Diseases (DGVS)

		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 ⊠	•	e following statement to indicate your agreeme	

Date:	8/31/2022
Your Name:	Theresa Kirchner
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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3	Royalties or licenses	None	

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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 ⊠	•	e following statement to indicate your agreeme	

Date:	8/26/2021
Your Name:	Nasser Semmo
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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			ies with whom you have this · indicate none (add rows as neede	d)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial plann	ing	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.
			Time frame: past 36 mo	nth	s
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 pay made to you or to your institution)	ments were
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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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	
Plea ⊠	•	e following statement to indicate your agreeme	

Date:	08-26-2022
Your Name:	Jose Pinazo Bandera
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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		Time frame: past 36 month	ıs
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Rio Hortega Contract (Instituto de Salud Carlos III, Spain): CM21/00074	
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	
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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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	ise place an "X" nex	t to the following statement to indicate your agreeme	ent:
	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

Date:	8/26/2022
Your Name:	Fernando Bessone
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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3	Royalties or licenses	None	

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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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	•	e following statement to indicate your agreeme	

Date:	27.08.0202
Your Name:	Dr. Ingrid Bobis
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	UHEPR-D-22-00256

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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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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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.				
	aie, 22.8.22 Mai Maci Maci				

Dr. med. J. Bobis Oberärztin der 4. Medizinischen Klinik Städtisches Krankenhaus Kiel GmbH Chemnitzstraße 33 • 24116 Kiel Teleion 0431 1697 - 4604 Fax 0431 1697 - 4602

Date:	8/31/2022
Your Name:	Diego Vergani
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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		Time frame: past 36 months	S
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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 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 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 ⊠	•	e following statement to indicate your agreeme	

Date:	9/1/2022
Your Name:	Greta Codoni
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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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.

		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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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.
		Time frame: past 36 month	S
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 pay made to you or to your institution)	ments were
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 None	
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13	Other financial or non-financial interests	None	
Plea ⊠	•	e following statement to indicate your agreeme	

Date:	8/31/2022
Your Name:	Giorgina Mieli-Vergani
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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13	Other financial or non-financial interests	None	
Plea ⊠	•	e following statement to indicate your agreeme	

Date:	8/26/2021
Your Name:	Mª Isabel Lucena González
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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13	Other financial or non-financial interests	None	
Plea ⊠	•	e following statement to indicate your agreeme	

Date:	8/26/2021
Your Name:	Yoh Zen
Manuscript Title:	Histological and serological features of acute liver injury after SARS-CoV-2 vaccination
Manuscript Number (if known):	JHEPR-D-22-00256

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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	
Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.				