

ICMJE DISCLOSURE FORM

Date: 12/20/2022

Your Name: Simon Johannes Gairing

Manuscript Title: **Elevated glial fibrillary acidic protein serum levels are associated with the presence of covert hepatic encephalopathy in patients with cirrhosis**

Manuscript Number (if known): **JHEPR-D-22-00415**

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 12/20/2022

Your Name: Sven Danneberg

Manuscript Title: Elevated glial fibrillary acidic protein serum levels are associated with the presence of covert hepatic encephalopathy in patients with cirrhosis

Manuscript Number (if known): JHEPR-D-22-00415

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Your Name: Leonard Kaps

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Your Name: Michael Nagel

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Date: 12/20/2022

Your Name: Eva Maria Schleicher

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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.

Date: 12/20/2022

Your Name: Charlotte Quack

Manuscript Title: **Elevated glial fibrillary acidic protein serum levels are associated with the presence of covert hepatic encephalopathy in patients with cirrhosis**

Manuscript Number (if known): JHEPR-D-22-00415

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

Date: 12/20/2022

Your Name: Sinah Engel

Manuscript Title: **Elevated glial fibrillary acidic protein serum levels are associated with the presence of covert hepatic encephalopathy in patients with cirrhosis**

Manuscript Number (if known): JHEPR-D-22-00415

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Date: 12/20/2022

Your Name: Stefan Bittner

Manuscript Title: **Elevated glial fibrillary acidic protein serum levels are associated with the presence of covert hepatic encephalopathy in patients with cirrhosis**

Manuscript Number (if known): JHEPR-D-22-00415

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Date: 12/20/2022

Your Name: Peter R. Galle

Manuscript Title: **Elevated glial fibrillary acidic protein serum levels are associated with the presence of covert hepatic encephalopathy in patients with cirrhosis**

Manuscript Number (if known): JHEPR-D-22-00415

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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.

Date: 12/20/2022

Your Name: Jörn M. Schattenberg

Manuscript Title: **Elevated glial fibrillary acidic protein serum levels are associated with the presence of covert hepatic encephalopathy in patients with cirrhosis**

Manuscript Number (if known): JHEPR-D-22-00415

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 12/20/2022

Your Name: Marcus-Alexander Wörns

Manuscript Title: Elevated glial fibrillary acidic protein serum levels are associated with the presence of covert hepatic encephalopathy in patients with cirrhosis

Manuscript Number (if known): JHEPR-D-22-00415

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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Date: 12/20/2022

Your Name: Felix Luessi

Manuscript Title: Elevated glial fibrillary acidic protein serum levels are associated with the presence of covert hepatic encephalopathy in patients with cirrhosis

Manuscript Number (if known): JHEPR-D-22-00415

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Date: 12/20/2022

Your Name: Jens U. Marquardt

Manuscript Title: **Elevated glial fibrillary acidic protein serum levels are associated with the presence of covert hepatic encephalopathy in patients with cirrhosis**

Manuscript Number (if known): JHEPR-D-22-00415

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 12/20/2022

Your Name: Christian Labenz

Manuscript Title: **Elevated glial fibrillary acidic protein serum levels are associated with the presence of covert hepatic encephalopathy in patients with cirrhosis**

Manuscript Number (if known): JHEPR-D-22-00415

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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4	Consulting fees	<input checked="" type="checkbox"/> None <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"/> None <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"/> None <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"/> None <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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