

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nina

2. Surname (Last Name)
Kimer

3. Date
17-March-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Statins for cirrhosis: Almost ready for clinical application

6. Manuscript Identifying Number (if you know it)
DMR-20-25

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Nina Kimer has together with Flemming Bendtsen received a grant from Regionernes Medicinpulje (Drug Research Fund, Danish Regions EMM-2018-01114) for the StatLivertrial.

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Section 6.

Disclosure Statement

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Dr. Kimer reports Nina Kimer has together with Flemming Bendtsen received a grant from Regionernes Medicinpulje (Drug Research Fund, Danish Regions EMM-2018-01114) for the StatLivertrial.

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Section 1. Identifying Information

1. Given Name (First Name) Thit	2. Surname (Last Name) Kronborg	3. Date 18-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nina Kimer
5. Manuscript Title Statins for cirrhosis: Almost ready for clinical application		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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Dr. Kronborg has nothing to disclose.

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Flemming
2. Surname (Last Name)
Bendtsen
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18-March-2020
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Ferring Pharmaceutical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tillotts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Bendtsen reports grants from Ferring Pharmaceutical, grants from Tillotts, outside the submitted work; .

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