

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.

Identifying information.

The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check

Relevant financial activities outside the submitted work.

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Intellectual Property.

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

Relationships not covered above.

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earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Fernandez 1



Section 1.	Identifying Inform	ation				
Given Name (First Name) Hoylan		2. Surname (Last Name) Fernandez		3. Date 23-March-2020		
4. Are you the corresponding author?		✓ Yes	No			
5. Manuscript Title Optimizing future remnant liver prior to major hepatectomies: Increasing volume while decreasing morbidity and mortality						
6. Manuscript Identifying Number (if you know it) HBSN-2019-33						
Section 2.	The Work Under Co	onsidera	tion for Publication			
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes You						
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Section 4.	Intellectual Proper	ty Pate	ents & Copyrights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Fernandez 2



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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.				
Section 6. Disabella support				
Disclosure Statement				
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.				
Dr. Fernandez has nothing to disclose.				

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Nadalin 1



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Given Name (First Name) Silvio	2. Surname (Last Name) Nadalin	3. Date 23-March-2020				
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Dr. Fernandez				
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Nadalin 2



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Testa 1



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