

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Qiang	2. Surname (Last Name) Wei	3. Date 08-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiao Xu
5. Manuscript Title Coronavirus disease 2019: Implications for liver transplantation		
6. Manuscript Identifying Number (if you know it) HBSN-20-447		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Wei has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Junbin	2. Surname (Last Name) Zhou	3. Date 08-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiao Xu
5. Manuscript Title Coronavirus disease 2019: Implications for liver transplantation		
6. Manuscript Identifying Number (if you know it) HBSN-20-447		

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Dr. Zhou has nothing to disclose.

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1. Given Name (First Name) Tian	2. Surname (Last Name) Shen	3. Date 08-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiao Xu
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1. Given Name (First Name) Shusen	2. Surname (Last Name) Zheng	3. Date 08-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiao Xu
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Xiao

2. Surname (Last Name)

Xu

3. Date

08-May-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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