

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Christina	2. Surname (Last Name) Lin	3. Date 07-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sammy Saab
5. Manuscript Title Alcohol Cost and Drinking Behavior in Patients with Alcoholic Liver Disease		
6. Manuscript Identifying Number (if you know it) DMR-20-81		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Lin 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)

Mizna

2. Surname (Last Name)

Akbar

3. Date

07-December-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Sammy Saab

5. Manuscript Title

Alcohol Cost and Drinking Behavior in Patients with Alcoholic Liver Disease

6. Manuscript Identifying Number (if you know it)

DMR-20-81

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Dr. Akbar has nothing to disclose.

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1. Given Name (First Name) Jung	2. Surname (Last Name) Yum	3. Date 07-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sammy Saab
5. Manuscript Title Alcohol Cost and Drinking Behavior in Patients with Alcoholic Liver Disease		
6. Manuscript Identifying Number (if you know it) DMR-20-81		

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Dr. Yum has nothing to disclose.

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1. Given Name (First Name)

Tien

2. Surname (Last Name)

Dong

3. Date

07-December-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Sammy Saab

5. Manuscript Title

Alcohol Cost and Drinking Behavior in Patients with Alcoholic Liver Disease

6. Manuscript Identifying Number (if you know it)

DMR-20-81

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Dr. Dong has nothing to disclose.

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Adam

2. Surname (Last Name)

Buch

3. Date

07-December-2020

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Yes  No

Corresponding Author's Name

Sammy Saab

5. Manuscript Title

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Tyler	2. Surname (Last Name) Rodriguez	3. Date 07-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sammy Saab
5. Manuscript Title Alcohol Cost and Drinking Behavior in Patients with Alcoholic Liver Disease		
6. Manuscript Identifying Number (if you know it) DMR-20-81		

### Section 2. The Work Under Consideration 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  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rodriguez has nothing to disclose.

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#### 1. Identifying information.

#### 2. 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 "Yes".

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Nicholas	2. Surname (Last Name) Jackson	3. Date 07-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sammy Saab
5. Manuscript Title Alcohol Cost and Drinking Behavior in Patients with Alcoholic Liver Disease		
6. Manuscript Identifying Number (if you know it) DMR-20-81		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Nicholas Jackson 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)

Sammy

2. Surname (Last Name)

Saab

3. Date

07-December-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Alcohol Cost and Drinking Behavior in Patients with Alcoholic Liver Disease

6. Manuscript Identifying Number (if you know it)

DMR-20-81

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Dr. Saab has nothing to disclose.

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