ICMJE DISCLOSURE FORM

Date:			8/9/2021			
Your Name:			Francisco Javier Valentin Cortez			
Manuscript Title:			Narrative review of Gut microbiota and liver diseases: Facts and fictions			
Mai	nuscript Number (if	known):	DMR-2021-PHF-02(DMR-21-85)			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Rela of the ma re in doub ps/activiti ension, yo	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily at about whether to list a relationship/activity/interest, it is preferable that you do so. ies/interests should be defined broadly. For example, if your manuscript pertains to the should declare all relationships with manufacturers of antihypertensive medication, even if			
In item #1 below, report all support frame for disclosure is the past 36			ort for the work reported in this manuscript without time limit. For all other items, the time			
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning of	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ N	one	Click the tab key to add additional rows.		
			Time frame: past 36 months	5		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne			
3	Royalties or licenses	× N	one			

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

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Date:			8/9/2021			
Your Name:			Jacqueline Córdova Gallardo			
Manuscript Title:			Narrative review of Gut microbiota and liver diseases: Facts and fictions			
Maı	nuscript Number (if	known):	DMR-2021-PHF-02(DMR-21-85)			
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