

ICMJE DISCLOSURE FORM

Date: 09/03/2021
 Your Name: Giulia Chiabotto
 Manuscript Title: Narrative review of *In vitro* experimental models of hepatic fibrogenesis
 Manuscript number (if known): DMR-PHF-07(DMR-21-102)

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship 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 the work			
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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

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Date: 09/03/2021
 Your Name: Elena Ceccotti
 Manuscript Title: Narrative review of *In vitro* experimental models of hepatic fibrogenesis
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Date: 09/03/2021
 Your Name: Stefania Bruno
 Manuscript Title: Narrative review of *In vitro* experimental models of hepatic fibrogenesis
 Manuscript number (if known): DMR-PHF-07(DMR-21-102)

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