Date:	051/6(2022		
Your Name:_	Maximilian	Joseph	30/
Manuscript 1	itle: Assessment of liver fibrosis: A na	arrative review	W
Manuscript r	umber (if known):DN	1R-22-9	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	_X_None
	lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	<u>None</u>
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>None</u>
13	Other financial or non- financial interests	None None

1

\*

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.

May 16 44 2027

Date: 05.	09.20	122	
Your Name:	Uta	Drebber	

Manuscript Title: Assessment of liver fibrosis: A narrative review\_\_\_\_\_ Manuscript number (if known):\_\_\_\_\_\_DMR-22-9\_\_\_\_\_

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
1	educational events	
6	Payment for expert	None
<i>i</i> 2	testimony	
5		V
7	Support for attending	_X_None
	meetings and/or travel	
8	Patents planned, issued or	XNone
	pending	
-		
9	Participation on a Data Safety Monitoring Board or	_X_None
	Advisory Board	
10	Leadership or fiduciary role	None
10	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
1 1		
12	Receipt of equipment,	<u> </u>
	materials, drugs, medical	
	writing, gifts or other	
12	services	
13	Other financial or non- financial interests	None

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Uta Brill

Date:	May 8 <sup>th</sup> 2022			
Your Name:	Julian Luetkens			
Manuscript Title: Assessment of liver fibrosis: A narrative review				
Manuscript numbe	er (if known):DMR-22-9			

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All suggest for the process		
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	Bayer Healthcare	

5	Payment or honoraria for	Philips Healthcare	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
-			
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Received speaker fees from Philips Healthcare. Received fees related to the scientific advisory board of Bayer Healthcare.

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

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

5.

Date:May the 12 <sup>th</sup> 2022	
Your Name:Margarete Odenthal	
Manuscript Title: Assessment of liver fibrosis: A narrative	review_
Manuscript number (if known):DMR-22-9_	

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		Time frame: Since the initia	i planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None					
	lectures, presentations,				e tra standarda en sena Sinte en el 11 de estere		
	speakers bureaus,						
	manuscript writing or						
	educational events					n di siste di d	
6	Payment for expert	None					
	testimony						
7	Support for attending	None					
	meetings and/or travel			· · · · · · · · · · · · · · · · · · ·			
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8	Patents planned, issued or	None					
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	perionia						
9	Participation on a Data	None			unt respecté a re Santa collète et e la	an in the second	
	Safety Monitoring Board or						
	Advisory Board				in the second		
10	Leadership or fiduciary role	None					
	in other board, society,						
	committee or advocacy						
	group, paid or unpaid						
11	Stock or stock options	None			ente di lance d Regionationesse		
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12	Receipt of equipment,	None					
	materials, drugs, medical						
	writing, gifts or other						
	services						
13	Other financial or non-	None	-				
	financial interests					tora i na tanka	

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form.

Och hel

Date:	_16. May 2022					
Your Name:	Jonel Trebicka					
Manuscript Title: Assessment of liver fibrosis: A narrative review						
Manuscript num	mber (if known):DMR-22-9					

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manuscr provision medical processi	ort for the present ript (e.g., funding, n of study materials, writing, article ng charges, etc.) <b>limit for this item.</b>	None	German Research Foundation (DFG) project ID 403224013 – SFB 1382 (A09), by the German Federal Ministry of Education and Research (BMBF) for the DEEP-HCC project and by the Hessian Ministry of Higher Education, Research and the Arts (HMWK) for the ENABLE and ACLF-I cluster projects. The MICROB-PREDICT (project ID 825694), DECISION (project ID 847949), GALAXY (project ID 668031), LIVERHOPE (project ID 731875), and IHMCSA (project ID 964590) projects have received funding from the European Union's Horizon 2020 research and innovation program

		Time frame: pa	st 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
_	-		
5	Payment or honoraria for	None	Versantis, Gore, Boehringer-Ingelheim,
	lectures, presentations,		Alexion, Falk, Grifols and CSL Behring
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12 Recei	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	Neze	
	Other financial or non- financial interests	None	

Not realted to this work

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