Date: Aug.29 th ,2022	
V Name Vincous House	

Manuscript Title: Emergent hybrid-dual-graft liver transplantation: A life-saving strategy for a patient with inadequate living donor graft during the COVID-19 pandemic

Manuscript number (if known): HBSN-22-335

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.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
35		Time frame: Since the initi	al planning 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.	None	
3/15		Time frame: pa	St 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,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings and/or traver	· · · · · · · · · · · · · · · · · · ·	
8	Patents planned, issued or	None	
0	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	Hone	ANNUAL REPORTS OF THE PROPERTY
	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	
11	Stock of Stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
10	financial interests	CONTRACTOR CONTRACTOR	
1395		Participation of the appropriate and	

Please summarize the above conflict of interest in the following box:

I have no conflicts o	f interest to disclose as de	escribed above.		

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

X | I certify that I have answered every question and have not altered the wording of any of the questions on this

	ICMJ	E DISCLOSURE FORM
د دمد	- 08-39	
Date:	Ying-Hong Shi	Control of the contro
Manuscript Title Emergen	t hybrid-dual-graft liver t	transplantation: A life-saving strategy for a patient wi
inadequate living donor a	raft during the COVID-19	P pandemic
Manuscript number (if kno	own): HBSN-22-335	MANAGE CONTROL OF THE PROPERTY OF THE PARTY
		ose all relationships/activities/interests listed below the
related to the content of y	your manuscript. "Related	d" means any relation with for-profit or not-for-profit
parties whose interests ma		ntent of the manuscript. Disclosure represents a
commitment to transparency and does relationship/activity/interes	not necessarily indicate a est, it is preferable that y	a bias. If you are in doubt about whether to list a ou do so.
The following questions apmanuscript only.	oply to the author's relat	cionships/activities/interests as they relate to the <u>curr</u>
pertains to the epidemiology of hyp antihypertensive medication	pertension, you should don, even if that medications apport for the work re	eld be <u>defined broadly</u> . For example, if your manuscrip eclare all relationships with manufacturers of on is not mentioned in the manuscript. eported in this manuscript without time limit. For all s.
	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 initia	l planning of the work
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	None	

Time frame: past 36 months

Grants or contracts from any entity (if not indicated in item #1

above).

None

3	Royalties or licenses	None
		PRODUCTION OF THE PRODUCTION O
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations,	None
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	None
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
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

I have no conflicts of interest to disclose as described above.	

X I certify that I ha	next to the following sta ave answered every ques		of any of the guestion
on this form.			

Time frame: past 36 months

August 29. 2022

manuscript (e.g., funding, provision of study materials,

medical writing, article processing charges, etc.) No time limit for this item.

Grants or contracts from any entity (if not indicated in item #1 above).

Royalties or licenses

4 Consulting fees

None

None

Date: AUMUSC >				educational events
Your Name: 1/00	And dual-graft liver transc	plantation: A life-saving strategy for a patient with inadequate	6	Payment for expert
Manuscript Title: Emergent IN living donor graft during the C		testimony		
living donor graft during the s	NRSN-22-335			. C standin
related to the content of your	y, we ask you to disclose a r manuscript. "Related" m	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment	7	Support for attendin meetings and/or trav
to transparency and does not relationship/activity/interest	, it is preferable that you	lo so.	8	Patents planned, issu pending
		nips/activities/interests as they relate to the <u>current</u>		
manuscript only.	9	Participation on a Da Safety Monitoring B Advisory Board		
The author's relationships/ac to the epidemiology of hyper medication, even if that medi	10	Leadership or fiducia in other board, socie committee or advoc group, paid or unpa		
In item #1 below, report all so the time frame for disclosure	upport for the work report is the past 36 months.	ed in this manuscript without time limit. For all other items,	11	Stock or stock optio
	Name all entities with	Specifications/Comments	12	Receipt of equipme
	whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)		materials, drugs, mo writing, gifts or oth services
	none (add rows as needed)		13	Other financial or n
	Time frame: Since the initi	al planning of the work	100	Illiancial Interests
All support for the present	None			

	Payment or honoraria for	None
	lectures, presentations, speakers bureaus, manuscript writing or educational events	
5	Payment for expert testimony	None
7	Support for attending meetings and/or trave	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		None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13		None

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest to disclose as described above.	

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

 $\frac{X}{X}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

	San 1. 2011	
Date:	Lisaving Wang	
Your Name:	Xixoying wang	A life saving strategy for a patient with inadequate
Manuscript	Title: Emergent hybrid-dual-graft liver transplanta	tion: A life-saving strategy for a patient with inadequate
living donor	graft during the COVID-19 pandemic	
	number (if known): HBSN-22-335	

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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)
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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.	None	
•		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
1	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
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	None
13	Other financial or non- financial interests	None

I have no conflicts of interest to disclose as described above.					
4					

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.

Date:	2022-	8	-29

Your Name: He Yitena

Manuscript Title: Emergent hybrid dual-graft liver transplantation: A life-saving strategy for a patient with inadequate living donor graft during the COVID-19 pandemic

Manuscript number (if known): HBSN-22-335

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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.	None	
	The state of the s	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,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending	None
	meetings and/or travel	
8	Patents planned, issued or	None
0	pending	None
9	Participation on a Data Safety Monitoring Board or	None
	Advisory Board	
10	Leadership or fiduciary role in other board, society,	None
	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	
	The state of the s	

I have no conflicts of interest to disclo	described above	
I have no conflicts of interest to discio	se as described above.	

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

 $\underline{\times}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	
Your Name: Ting Wank	
Manuscript Title:Emergent hybrid-dral-graft liver transmission	
Manuscript Title:Emergent hybrid-deal-graft liver transplanta living donor graft during the COVID-19 pandemic	ion: A life-saving strategy for a patient with inadequate
Manuscript number (if known): HBSN-22-335	

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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)
	ANCHE ELECTIVE SUIT	Time frame: Since the initi	al planning 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.	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	

I have no conflicts of interest to disclose as described above.

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

Y | I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	August 29,2022
Your Name	Jian , Sun
Manuscript	Title: Emergent hybrid-dual-graft liver transplantation: A life-saving strategy for a patient with inadequate
living dono	graft during the COVID-19 pandemic
Manuscript	number (if known): HBSN-22-335

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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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
-0	in other board, society,	TVOTE	
	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		

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

Date:	2022/8/29	101.00	00416	C-
Your Name:	KANG SONG	KANG	20100	
Manuscript Tit	le:Emergent hybrid-du	al-graft liver trans	plantation: A	life-saving strategy for a patient with inadequate
living donor gra	aft during the COVID-1	19 pandemic		
Manuscript nu	mber (if known): HB	SN-22-335		

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		Time frame: Since the initia	planning 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.	None	
Т	THE PARTY OF THE PARTY OF	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	None	

5	Payment or honoraria for lectures, presentations,	None
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	None
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 in other board, society,	None
	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	

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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.

	Manuscript Title: Emergent hy living donor graft during the (Manuscript number (if known	COVID-19 pandemic	plantation: A life-saving strategy for a patient with inadequat
1	In the interest of transparence related to the content of your parties whose interests may b	y, we ask you to disclose a manuscript. "Related" m be affected by the content necessarily indicate a bia	oll relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a do so.
1	The following questions apply manuscript only.	to the author's relations	hips/activities/interests as they relate to the <u>current</u>
t n	o the epidemiology of hypert nedication, even if that medi	ension, you should declar cation is not mentioned in apport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains to all relationships with manufacturers of antihypertensive the manuscript. The manuscript without time limit. For all other items,
		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 initi	al planning of the work
	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.		
	provision of study materials, medical writing, article processing charges, etc.)	Time frame: pas	tt 36 months
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5	Payment or honoraria for	None
	lectures, presentations,	
speakers bureaus, manuscript writing or educational events	manuscript writing or	
6	Payment for expert testimony	None
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	None
	Advisory Board	
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,	None
	materials, drugs, medical writing, gifts or other services	
13	Other financial or non- financial interests	None

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7.5	22-8-30	
Date:	V. ha Chan	Tandoquat to design the state of the state o
Manuscript Title:	emergent hybrid-dual-graft liver tra	ansplantation: A life-saving strategy for a patient with inadequat
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Manuscript numb	per (if known): HBSN-22-335	

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_		Time frame: Since the initi	al planning 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.	None	
_		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
	Consulting fees	None	

		None	
5	payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
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	None	
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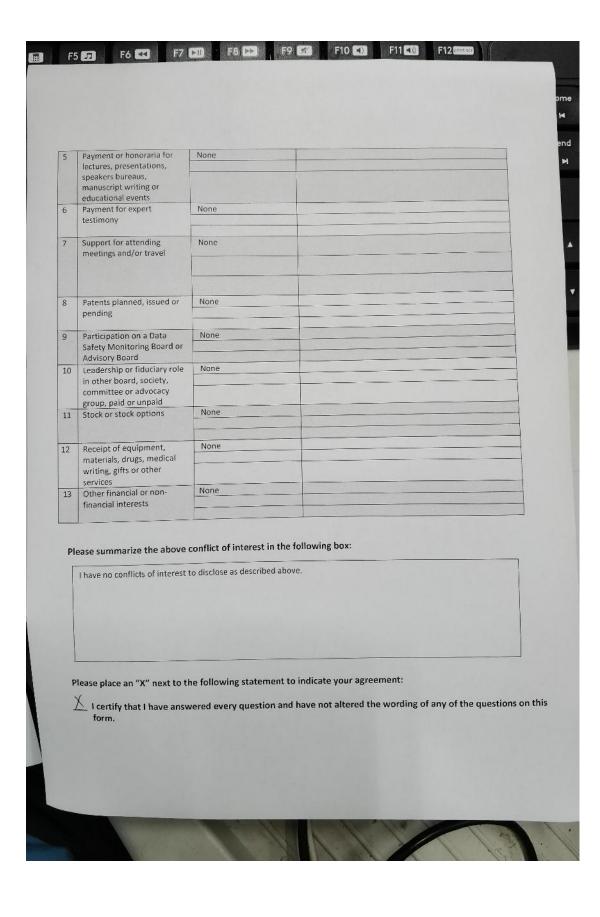
Date: 2022-08-29 2022	2-08-2/	1 -	0.	
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Manuscript Title: Emergent hybrid-du	al-graft liver tran	splantati	on: A life-say	ving strategy for a patient with inadequate
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	NAME OF THE PARTY.	Time frame: Since the initi	al planning 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.	None	
	DIRECTOR MANAGEMENT	Time frame: pa	st 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	



Date: 2022 - 08 -31

Your Name: Shen Zaozhuo

Manuscript Title: Emergent hybrid-dual-graft liver transplantation: A life-saving strategy for a patient with inadequate living donor graft during the COVID-19 pandemic

Manuscript number (if known): HBSN-22-335

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3	Royalties or licenses	None	
4	Consulting fees	None	



5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		No. of Street,
	manuscript writing or educational events		get San Hall
6	Payment for expert	None	
U	testimony	None	
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role	None	
	in other board, society,		
-	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
.2	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
L3	Other financial or non- financial interests	None	
	illiancial interests		

ave no conflicts of interest to disclose as described above.	

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.

Date:	2022.8.30
Your Name:	Loi Vu
Manuscript Titl	le: Emergent hybrid-dual-graft liver transplantation: A life-saving strategy for a patient with
inadequate livir	ng donor graft during the COVID-19 pandemic
Manuscript nur	mber (if known): HBSN-22-335

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.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	pranning of the work
		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	None	

5	Payment or honoraria for	None	
	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		

I have no conflicts of interest to disclose as described above.					

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.

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	ICMUE	DISCLOSURE FORM	-				
Date: 3	1022.8.29		7		lectures, presentations.	None	
Your Name:	Zhou Kari				speakers bureaus, manuscript writing or	AL SUN STREET	
	rergent hybrid-dual-graft liver to uring the COVID-19 pandemic	ransplantation: A life-saving stratogy for a patient with inadequate		100	educations events Payment for expert		
	(if known): HBSN-22-335				testimony	None	
related to the center parties whose interes to transparency and d	t of your manuscript. "Related" its may be affected by the contr	se all relationships/activities/interests listed below that are means any relation with for-profit or not for-profit third ent of the manuscript. Disclosure represents a commitment plas. If you are in doubt about whether to list a	7		Support for attending meetings and/or travel	None	
			1	A	Patents planned, issued or	None	
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medication, even if that i	medication is not mentioned i	in the manuscript.		10	Leadership or fiduciary role.	None	
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processing charges, etc.)			ES 8500	P	lease summarize the abo	ive conflict of interest	in the following box:
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Date:	2022-08-	29		_	
Your Name:	<u>Hui Li</u>	-	und	i	
Manuscript Title: Emergent hybrid-	dual-graft liver tran	splan	tation	1: A I	life-saving strategy for a patient with inadequate
living donor graft during the COVII	D-19 pandemic				
Manuscript number (if known):I	HBSN-22-335				

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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)
	美国集集的 医外外系统及对抗	Time frame: Since the initial	al planning 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.	None	
	Assert Av. To Section 1997	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,		
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7	Support for attending	None	
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8	Patents planned, issued or	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or		
40	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	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		

I have no conflicts of interest to dis	close as described above	e.	

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.

Date:)22.	8.30					
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living donor	graft	during the CC	VID-19 pandemic			WALL STREET	
Manuscript	numb	er (if known)	HBSN-22-335				

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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	CANADA CA	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 initi	al planning of the work
	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.	None	
Nana.		Time frame: pa	ast 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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10	Leadership or fiduciary role in other board, society,	None	
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13	Other financial or non-	None	
	financial interests		
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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution) ial planning of the work
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	processing charges, etc.)		
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		Time frame: pa	ist 50 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	

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5	Payment or honoraria for	None	
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	speakers bureaus,		*
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N	educational events	Neno	
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7	Support for attending	None	
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9	Participation on a Data	None	
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	Addison Board	The state of the s	
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10	Leadership or fiduciary role	None	
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	committee or advocacy		
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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.

Date: Arrenst 29 2122	
Your Name: Juan I	
Manuscript Title: Emergent hybrid-dual-graft liver transplant	ation: A life-saving strategy for a patient with inadequat
living donor graft during the COVID-19 pandemic	
Manuscript number (if known): HBSN-22-335	

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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		Time frame: Since the initial	planning of the work
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		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	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
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	None	
13	Other financial or non- financial interests	None	

I have no conflict	s of interest to d	ed above.		

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

 $\stackrel{\checkmark}{\searrow}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 8/19	7/2012		
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Manuscript Tit	le: <u>Emergent hybr</u>	d-dyal-graft live	r transplantation: A life-saving strategy for a patient with inadequat
	aft during the CO		
Manuscrint nu	mher (if known):	HBSN-22-335	

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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 initi	al planning 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.	None	
		Time frame: pas	st 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, speakers bureaus,				-
	manuscript writing or educational events				
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7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None			
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	Advisory Board				
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	in other board, society, committee or advocacy				
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1	Stock or stock options	None			
2	Receipt of equipment,	None			
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3	Other financial or non-	None			
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Date: 2-22-09-01	
Date: How Yingulating	
Your Name: How Yingyong Manuscript Title: Emergent hybrid-dual-graft liver transplantation: A life-saving strategy for a patien	t with inadequate
Manuscript little: Emergent hybrid-dual-graft liver transportation	
living donor graft during the COVID-19 pandemic	
Manuscript number (if known): HBSN-22-335	

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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.	None	
_		Time frame: pa	st 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
5	lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	None
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	None
13	Other financial or non- financial interests	None

I have no conflicts of interest to disclose as described abov	

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.

Date: 30 - Aug - 2022 Your Name: Qu. Xuden4 Manuscript Title: Emergent hybrid-dual-graft liver transplantation: A life-saving strategy for a patient with inadequate living donor graft during the COVID-19 pandemic Manuscript number (if known): HRSN-22. ICMJE DISCLOSURE FORM 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. The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only. The author's relationships/activities/interests should be <u>defined broadly</u>. 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, Name all entities with Specifications/Comments whom you have this (e.g., if payments were made to you or to your relationship or indicate institution) none (add rows as needed) Time frame: Since the initial planning of the work All support for the present None manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or contracts from None any entity (if not indicated in item #1 above). Royalties or licenses None 4 Consulting fees None Payment or honoraria for None lectures, presentations, speakers bureaus,

1	manuscript writing or educational events Payment for expert testimony	None			
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	Safety Monitoring Board or Advisory Board	None			
10	Leadership or fiduciary role in other board, society, committee or advocacy	None			
11	group, paid or unpaid 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			
	se summarize the above co		owing box:		
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Date:	2022-8-29	
Your Name:	Tia Fan	COLUMN TO THE REAL PROPERTY OF THE PARTY OF
Manuscript Title: Emerc	ent hybrid-dual-graft liver transplantation	: A life-saving strategy for a patient with
inadequate living dono	r graft during the COVID-19 pandemic	And the second s
Manuscript number (if	known): HBSN-22-335	
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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)
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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.	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
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4	Consulting fees	None
5	Payment or honoraria for lectures, presentations,	None
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	None
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
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

I have no conflicts of interest to disclose as described above.	

Please place an "X" no I certify that I have on this form.	e answered ever	y question and	I have not alto	ur agreement	ing of any of t	he question

Date: September 7, 2022	
Your Name:	
Manuscript Title: Emergent hybrid-dual-graft liver transplantation: A life-saving strategy for a patient with inade	quate
living donor graft during the COVID-19 pandemic	
Manuscript number (if known): HBSN-22-335	
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