Date:9/7/2022			
Your Name:_Courtney_McGinnis			
Manuscript Title: Advancing probiomarkers for alcohol-related live	oteomics and machine learning in the clinic: An editorial on "Noninvasive proteomic er disease"		
Manuscript number (if known):	HBSN-22-390		
related to the content of your man parties whose interests may be af	e ask you to disclose all relationships/activities/interests listed below that are nuscript. "Related" means any relation with for-profit or not-for-profit third fected by the content of the manuscript. Disclosure represents a commitment essarily indicate a bias. If you are in doubt about whether to list a preferable that you do so.		
The following questions apply to t manuscript only.	he author's relationships/activities/interests as they relate to the <u>current</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.

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

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	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		
	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			
	Please summarize the above conflict of interest in the following box: I disclose no conflicts of interest.			

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.

Date: 9/8/2021					
You	Your Name: Brenton I. M. Graham				
Maı	Manuscript Title: Advancing proteomics and machine learning in the clinic: An editorial or "Noninvasive proteomic biomarkers for alcohol-related liver disease"				
Maı	nuscript Number (if k	known):	HBSN-22-390		
con affe	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.				
epic	•	ension, you	u should declare all relationships with m	For example, if your manuscript pertains to the nanufacturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	ript without time limit. For all other items, the time	
			l entities with whom you have this	Specifications/Comments (e.g., if payments were ded) made to you or to your institution)	
		relations	ship or indicate none (add rows as need		
		relations	Time frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	r 1			
1	present manuscript (e.g., funding, provision of study materials,	r 1	Time frame: Since the initial plan	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial plan	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial plan	Click the tab key to add additional rows.	

		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)
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	
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	

		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)	
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:			

Date: 9/7/2022
Your Name:_Peter S. Harris
Manuscript Title: Advancing proteomics and machine learning in the clinic: An editorial on "Noninvasive proteomic
biomarkers for alcohol-related liver disease"
Manuscrint number (if known): HRSN-22-390

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

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
-	C		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	Trone	
	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		
Plea	se summarize the above co	nflict of interest in the fol	lowing box:

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

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

Date:_9/7/2022
Your Name: Kristofer Fritz
Manuscript Title: Advancing proteomics and machine learning in the clinic: An editorial on "Noninvasive proteomic
biomarkers for alcohol-related liver disease"
Manuscript number (if known): HBSN-22-390

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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,		
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	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	
	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	
4.0	D		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	Notic	
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Please summarize the above conflict of interest in the following box:

I have no conflicts of interest.		

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

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