

ICMJE DISCLOSURE FORM

Date: 20221121

Your Name: Rongrong Qin

Manuscript Title: Influence of immunosuppressive drugs on NK cells in therapeutic drug exposure in liver transplantation

Manuscript number (if known): HBSN-22- 438

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)
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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.	Björn Nashan research start-up fund	Fund Number: 2018KYQ003RC2017001
		the National Natural Science Foundation of China	Fund Number : #8202290021, #92169118, #91942310
		the National Key Research and Development Program of China	Fund Number: #2021YFC2300600
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		the Fundamental Research Funds for the Central Universities	Fund Number: WK9110000055
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7	Support for attending meetings and/or travel	None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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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	

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

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

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

ICMJE DISCLOSURE FORM

Date: 20221121

Your Name: Jiwei Qin

Manuscript Title: Influence of immunosuppressive drugs on NK cells in therapeutic drug exposure in liver transplantation

Manuscript number (if known): HBSN-22- 438

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ICMJE DISCLOSURE FORM

Date: 20221121

Your Name: Xuefeng Li

Manuscript Title: Influence of immunosuppressive drugs on NK cells in therapeutic drug exposure in liver transplantation

Manuscript number (if known): HBSN-22- 438

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

ICMJE DISCLOSURE FORM

Date: 20221121

Your Name: Zhijun Xu

Manuscript Title: Influence of immunosuppressive drugs on NK cells in therapeutic drug exposure in liver transplantation

Manuscript number (if known): HBSN-22- 438

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

ICMJE DISCLOSURE FORM

Date: 20221121

Your Name: Peiqi He

Manuscript Title: Influence of immunosuppressive drugs on NK cells in therapeutic drug exposure in liver transplantation

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

ICMJE DISCLOSURE FORM

Date: 20221121

Your Name: Xiaodong Yuan

Manuscript Title: Influence of immunosuppressive drugs on NK cells in therapeutic drug exposure in liver transplantation

Manuscript number (if known): HBSN-22- 438

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Date: 20221121

Your Name: Cheng Sun

Manuscript Title: Influence of immunosuppressive drugs on NK cells in therapeutic drug exposure in liver transplantation

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