

ICMJE DISCLOSURE FORM

Date: 4/23/2023

Your Name: Itsuko Chih-Yi Chen

Manuscript Title: Peri-operative Extracorporeal Membrane Oxygenation in Adult and Pediatric Living Donor Liver Transplantation: A Single-Center Experience

Manuscript Number (if known): HBSN-23-34

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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Date: 4/23/2023

Your Name: Leona Bettina P. Dungca

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Your Name: Chee-Chien Yong

Manuscript Title: Peri-operative Extracorporeal Membrane Oxygenation in Adult and Pediatric Living Donor Liver Transplantation: A Single-Center Experience

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Your Name: Wei Ho

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