

ICMJE DISCLOSURE FORM

Date: 20/08/2023

Your Name: Volker Lauschke

Manuscript Title: Practice guidance documents for the diagnosis and management of non-alcoholic fatty liver disease – recent updates and open questions

Manuscript number (if known): HBSN-23-376

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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| 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 | CEO and shareholder of HepaPredict AB. | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
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