		ICMJE DISCL	OSURE FORM	
Date	e:7/02/2024			
	r Name: Lorenz Gross	sar	·	
			iver transplantation, time to move forward	
			*	
		•	relationships/activities/interests listed below that are	
	= 31	-	ns any relation with for-profit or not-for-profit third	
•			f the manuscript. Disclosure represents a commitment	e
			If you are in doubt about whether to list a	
rela	tionship/activity/interest, i	t is preferable that you do	SO.	
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		to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
mar	uscript only.			
-1.			defined by the formula if the management is a same	
	• •	-	defined broadly. For example, if your manuscript pertain	
			all relationships with manufacturers of antihypertensive	3
med	lication, even if that medica	ation is not mentioned in t	the manuscript.	
+; ما	om #1 holour ronart all cum	nort for the work reported	d in this manuscript without time limit. For all other iten	3.0
	time frame for disclosure is		a in this manuscript without time mint. For an other item	13,
liie	ume name for disclosure is	the past 30 months.		
	ALLAND THE STATE OF THE STATE O	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)		
. 1		Time frame: Since the initia	planning of the work	
1	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.			
		1000		
.01				
		Time frame: past	36 months	
2	Grants or contracts from	None		
	any entity (if not indicated			

in item #1 above). Royalties or licenses

Consulting fees

None

None

3

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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	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
j	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	*	3	
.2	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

none			
		,	

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

Read and acknowledged Lorent GROSSAR

ICMJE DISCLOSURE FORM

Date:	_7/02/2024	
Your Name:	Emma Butaye	
Manuscript Ti		forward
Manuscript nu	umber (if known): <u>H5BN - 24 - 31</u>	

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.

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)
	然。主义是一个主义的证明	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	
态页	THE PARTY OF THE P	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		[1] : 사이트 11 (14 시간 및 기존 11 전 기존 보호 11 전 12 기존 12 전 12 기존 12 전 12 기존 12
6	Payment for expert testimony	None	
	* 3		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending	1	
9	Participation on a Data	None	
5	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	4 - 2 × 4 - 1 = 0
12	Receipt of equipment,	None	· · · · · · · · · · · · · · · · · · ·
	materials, drugs, medical writing, gifts or other services	y	¥
			*
13	Other financial or non-	None	
	financial interests		
		- 1 10g	

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

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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.



ICMJE DISCLOSURE FORM

Date	e:7/02/2024		
You	r Name: Xavier Verhe	lst	
			ver transplantation, time to move forward
	nuscript number (if known):	200 at 1	
iviai	idseript namber (ii known).		
rela pari to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to t	The state of the s	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	• 1	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		COMPRESSOR AND CONTRACTOR AND CONTRA	[5
		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 initia	l planning of the work
1	All support for the present	None	30 Y 10 June 1 J
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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			THE STATE OF THE S
		Tim. 6	
2		Time frame: past	156 MONUIS
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4

Consulting fees

None

Payment or honoraria for	None	
lectures, presentations,	_	
speakers bureaus, manuscript writing or educational events		
Payment for expert testimony	None	
Support for attending meetings and/or travel	None	
	A trace of the first	
Patents planned, issued or pending	None	
Participation on a Data Safety Monitoring Board or Advisory Board	None	
Leadership or fiduciary role in other board, society, committee or advocacy	None	
Stock or stock options	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
Other financial or non- financial interests	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- None

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

none		

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.

N-02-24

PROF. DR. XAVIER VERHELST Gastro-enterologie R I Z I.V 1-19964-25-650

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