

ICMJE DISCLOSURE FORM

Date: 19.01.2024

Your Name: Laurin Rauter

Manuscript Title: Endothelial glycocalyx damage marker Syndecan-1 during hypothermic oxygenated machine perfusion of donor grafts facilitates prediction of early allograft dysfunction after liver transplantation

Manuscript number (if known): HBSN-24-33

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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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, medical writing, article processing charges, etc.) No time limit for this item.	___ None	
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 lectures, presentations,	___ None	

	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 Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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:

I declare no conflict 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.

ICMJE DISCLOSURE FORM

Date: 7.5.2024
 Your Name: Dagmar Kollmann
 Manuscript Title: Endothelial glycocalyx damage marker Syndecan-1 during hypothermic oxygenated machine perfusion of donor grafts facilitates prediction of early allograft dysfunction after liver transplantation
 Manuscript number (if known): HBSN-24-33

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ICMJE DISCLOSURE FORM

Date: 15.05.2024

Your Name: Judith Schiefer

Manuscript Title: Endothelial glycocalyx damage marker Syndecan-1 during hypothermic oxygenated machine perfusion of donor grafts facilitates prediction of early allograft dysfunction after liver transplantation

Manuscript number (if known): HBSN-24-33

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ICMJE DISCLOSURE FORM

Date: 13.05.2024

Your Name: Marija Spasic

Manuscript Title: Endothelial glycocalyx damage marker Syndecan-1 during hypothermic oxygenated machine perfusion of donor grafts facilitates prediction of early allograft dysfunction after liver transplantation

Manuscript number (if known): HBSN-24-33

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ICMJE DISCLOSURE FORM

Date: 8 May 2024

Your Name: Pierre Raeven

Manuscript Title: Endothelial glycocalyx damage marker Syndecan-1 during hypothermic oxygenated machine perfusion of donor grafts facilitates prediction of early allograft dysfunction after liver transplantation

Manuscript number (if known): HBSN-24-33

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Vienna, 8 May
2024



ICMJE DISCLOSURE FORM

Date: 11.05.2024

Your Name: Jule Dingfelder

Manuscript Title: Endothelial glycocalyx damage marker Syndecan-1 during hypothermic oxygenated machine perfusion of donor grafts facilitates prediction of early allograft dysfunction after liver transplantation.

Manuscript number (if known): HBSN-24-33

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ICMJE DISCLOSURE FORM

Date: May 10th, 2024

Your Name: Dr. med. univ. David Pereyra, PhD

Manuscript Title: Endothelial glycocalyx damage marker Syndecan-1 during hypothermic oxygenated machine perfusion of donor grafts facilitates prediction of early allograft dysfunction after liver transplantation

Manuscript number (if known): HBSN-24-33

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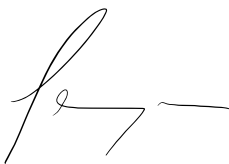
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ICMJE DISCLOSURE FORM

Date: 16.05.2024

Your Name: David Baron

Manuscript Title: Endothelial glycocalyx damage marker Syndecan-1 during hypothermic oxygenated machine perfusion of donor grafts facilitates prediction of early allograft dysfunction after liver transplantation

Manuscript number (if known): HBSN-24-33

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ICMJE DISCLOSURE FORM

Date: 13.05.2024

Your Name: Effimia Pompouridou

Manuscript Title: Endothelial glycocalyx damage marker Syndecan-1 during hypothermic oxygenated machine perfusion of donor grafts facilitates prediction of early allograft dysfunction after liver transplantation

Manuscript number (if known): HBSN-24-33

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ICMJE DISCLOSURE FORM

Date: 14/05/2024

Your Name: Thomas Soliman

Manuscript Title: Endothelial glycocalyx damage marker Syndecan-1 during hypothermic oxygenated machine perfusion of donor grafts facilitates prediction of early allograft dysfunction after liver transplantation

Manuscript number (if known): HBSN-22- 24-33

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ICMJE DISCLOSURE FORM

Date: April 30, 2024

Your Name: Gabriela Berlakovich

Manuscript Title: Endothelial glycocalyx damage marker Syndecan-1 during hypothermic oxygenated machine perfusion of donor grafts facilitates prediction of early allograft dysfunction after liver transplantation

Manuscript number (if known): HBSN-24-33

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ICMJE DISCLOSURE FORM

Date: 17.05.2024

Your Name: Georg Györi

Manuscript Title: Endothelial glycocalyx damage marker Syndecan-1 during hypothermic oxygenated machine perfusion of donor grafts facilitates prediction of early allograft dysfunction after liver transplantation

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3	Royalties or licenses	None	
4	Consulting fees	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	
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:

No conflict of interest to declare.

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.