

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kerstin

2. Surname (Last Name)
Abshagen

3. Date
20-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Limited potential of resolvins in treatment of cholestatic liver fibrosis

6. Manuscript Identifying Number (if you know it)
HBSN-19-315

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Dr. Abshagen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alexander	2. Surname (Last Name) Hartmann	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kerstin Abshagen
5. Manuscript Title Limited potential of resolvins D1 in treatment of cholestatic liver fibrosis		
6. Manuscript Identifying Number (if you know it) HBSN-19-315		

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Dr. Hartmann has nothing to disclose.

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1. Given Name (First Name) Laura	2. Surname (Last Name) Grüner	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kerstin Abshagen
5. Manuscript Title Limited potential of resolvin D1 in treatment of cholestatic liver fibrosis		
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1. Given Name (First Name) Marie	2. Surname (Last Name) Liebig	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kerstin Abshagen
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