

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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### Section 1. Identifying Information

1. Given Name (First Name) Hye-Sung	2. Surname (Last Name) Jo	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dong-Sik Kim
5. Manuscript Title The beneficial impacts of splanchnic vasoactive agents on hepatic functional recovery in massive hepatectomy porcine model		
6. Manuscript Identifying Number (if you know it) HBSN-19-550		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Jo has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jae Hyun	2. Surname (Last Name) Han	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dong-Sik Kim
5. Manuscript Title The beneficial impacts of splanchnic vasoactive agents on hepatic functional recovery in massive hepatectomy porcine model		
6. Manuscript Identifying Number (if you know it) HBSN-19-550		

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1. Given Name (First Name) Yoon Young	2. Surname (Last Name) Choi	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dong-Sik Kim
5. Manuscript Title The beneficial impacts of splanchnic vasoactive agents on hepatic functional recovery in massive hepatectomy porcine model		
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Dr. Choi has nothing to disclose.

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1. Given Name (First Name) Jin-I	2. Surname (Last Name) Seok	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dong-Sik Kim
5. Manuscript Title The beneficial impacts of splanchnic vasoactive agents on hepatic functional recovery in massive hepatectomy porcine model		
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Dr. Seok has nothing to disclose.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Dong-Sik

2. Surname (Last Name) Kim

3. Date 20-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The beneficial impacts of splanchnic vasoactive agents on hepatic functional recovery in massive hepatectomy porcine model

6. Manuscript Identifying Number (if you know it)  
HBSN-19-550

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This investigation was supported by the National Research Foundation of Korea (NRF) grant funded by the Korea government (MSIT; Ministry of Education, Science and Technology) (No. NRF-2017R1A2B2005754).

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kim reports grants from null, during the conduct of the study; .

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