Date:12/7/2021
Your Name: Rui Tang
Manuscript Title: Safety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study

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 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.

		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	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

N	o conflict of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:12/7/2021
Your Name: Chao Li
Manuscript Title: Safety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study
Manuscript number (if known): HBSN-21-392

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	speakers bureaus,		
	manuscript writing or		
	educational events		
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	testimony		
7	Support for attending meetings and/or travel	None	
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	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:12/7/2021
Your Name: Guangdong Wu
Manuscript Title: Safety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study
Manuscript number (if known):HBSN-21-392

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13 Other financial or non- None		writing, gifts or other		
		services		
financial interests	13		None	
		financial interests		

No conf	flict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:12/7	7/2021
Your Name:_	Xuan Tong
Manuscript T	itle: Safety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study
Manuscript n	umber (if known):HBSN-21-392

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3	Royalties or licenses	None	
4	Consulting fees	None	

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financial interests	13		None	
		financial interests		

No conf	flict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:12/7/2021	
Your Name: Lihan '	/u
Manuscript Title: S	afety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study
Manuscript number (if	known):HBSN-21-392

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services 13 Other financial or non- None				
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		services		
financial interests	13		None	
		financial interests		

No conf	flict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:12/7/2021
Your Name: Huayuan Hao
Manuscript Title: Safety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study
Manuscript number (if known):HBSN-21-392

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3	Royalties or licenses	None	
4	Consulting fees	None	

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	speakers bureaus,		
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6	Payment for expert	None	
U	testimony	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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	pending		
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	Safety Monitoring Board or		
10	Advisory Board	A.	
10	Leadership or fiduciary role	None	
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12	services	A	
13	Other financial or non- financial interests	None	
	illiancial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:12/7	⁷ 2021
Your Name:	_ Rui Liao
Manuscript Ti	tle: Safety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study
Manuscript n	ımber (if known):HBSN-21-392

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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, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
in co	in other board, society, committee or advocacy	None	
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:12/7/2021
Your Name: Yucheng Hou
Manuscript Title: Safety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study

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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		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, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
in co	in other board, society, committee or advocacy	None	
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:12/7/2021	
Your Name: Jun	Li
Manuscript Title:	Safety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study
Manuscript number	(if known): HBSN-21-392

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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	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
in co	in other board, society, committee or advocacy	None	
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:12/7/2021
Your Name: Wenping Zhao
Manuscript Title: Safety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study
Manuscript number (if known):HBSN-21-392

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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	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
cor	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:12/7/2021	
Your Name: Tieyar	ı Fan
Manuscript Title: S	afety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study
Manuscript number (i	f known):HBSN-21-392

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		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	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
cor	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:12/7/2021
Your Name: Leida Zhang
Manuscript Title: Safety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study
Manuscript number (if known):HBSN-21-392

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		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	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
cor	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:12/7/2021
Your Name: Qian Lu
Manuscript Title: Safety analysis of COVID-19 vaccines in liver transplant recipients: a two-center study
Manuscript number (if known):HBSN-21-392

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	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, 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	None	
10	in other board, society, committee or advocacy group, paid or unpaid	Hone	
11	Stock or stock options	None	
12	materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

No conflict of interest to declare.					

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