Date: 04.11.2021

Your Name: Moritz Schmelzle

Manuscript Title: Validation of the Enhanced Recovery after Surgery (ERAS) society recommendations for liver surgery:

A prospective, observational study.

Manuscript number (if known): HBSN-21-294

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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	News	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	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 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: 04.11.2021

Your Name: Felix Krenzien

Manuscript Title: Validation of the Enhanced Recovery after Surgery (ERAS) society recommendations for liver surgery:

A prospective, observational study.

Manuscript number (if known): HBSN-21-294

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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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	News	
6	Payment for expert	None	
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7	Support for attending	None	
/	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 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: 04.11.2021

Your Name: Paul Dahlke

Manuscript Title: Validation of the Enhanced Recovery after Surgery (ERAS) society recommendations for liver surgery:

A prospective, observational study.

Manuscript number (if known): HBSN-21-294

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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	Time frame: Since the initial	planning of the work
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5	Payment or honoraria for	None	
	lectures, presentations,		
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	manuscript writing or		
	educational events	News	
6	Payment for expert	None	
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7	Support for attending	None	
/	meetings and/or travel	None	
8	Patents planned, issued or	None	
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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: 04.11.2021

Your Name: Alina Krombholz

Manuscript Title: Validation of the Enhanced Recovery after Surgery (ERAS) society recommendations for liver surgery:

A prospective, observational study.

Manuscript number (if known): HBSN-21-294

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	lectures, presentations,		
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	manuscript writing or		
	educational events	News	
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7	Support for attending	None	
/	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 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: 04.11.2021

Your Name: Nora Nevermann

Manuscript Title: Validation of the Enhanced Recovery after Surgery (ERAS) society recommendations for liver surgery:

A prospective, observational study.

Manuscript number (if known): HBSN-21-294

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events	News	
6	Payment for expert	None	
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7	Support for attending	None	
/	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 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: 04.11.2021

Your Name: Linda Feldbrügge

Manuscript Title: Validation of the Enhanced Recovery after Surgery (ERAS) society recommendations for liver surgery:

A prospective, observational study.

Manuscript number (if known): HBSN-21-294

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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Royalties of licerises	Notice	
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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events	News	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	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 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: 04.11.2021

Your Name: Axel Winter

Manuscript Title: Validation of the Enhanced Recovery after Surgery (ERAS) society recommendations for liver surgery:

A prospective, observational study.

Manuscript number (if known): HBSN-21-294

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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	News	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	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 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: 04.11.2021

Your Name: Wenzel Schöning

Manuscript Title: Validation of the Enhanced Recovery after Surgery (ERAS) society recommendations for liver surgery:

A prospective, observational study.

Manuscript number (if known): HBSN-21-294

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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,	None	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	None	30 months
2	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	News	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	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 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: 04.11.2021

Your Name: Christian Benzing

Manuscript Title: Validation of the Enhanced Recovery after Surgery (ERAS) society recommendations for liver surgery:

A prospective, observational study.

Manuscript number (if known): HBSN-21-294

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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	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.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses  Consulting fees	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial  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.  Time frame: past  Frame: past  None  None  Royalties or licenses  None

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
-	educational events	None	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
′	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 other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
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: 04.11.2021

Your Name: Johann Pratschke

Manuscript Title: Validation of the Enhanced Recovery after Surgery (ERAS) society recommendations for liver surgery:

A prospective, observational study.

Manuscript number (if known): HBSN-21-294

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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		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	None	
6	Payment for expert testimony	None	
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7	Support for attending	None	
′	meetings and/or travel	None	
8	Patents planned, issued or	None	
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9	Participation on a Data	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-	None	
	financial interests		
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No conflict of interest to declare.

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

Date: 04.11.2021

Your Name: Jens Neudecker

Manuscript Title: Validation of the Enhanced Recovery after Surgery (ERAS) society recommendations for liver surgery:

A prospective, observational study.

Manuscript number (if known): HBSN-21-294

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7	Support for attending	None	
′	meetings and/or travel	None	
8	Patents planned, issued or	None	
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9	Participation on a Data	None	
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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, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-	None	
	financial interests		
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No conflict of interest to decla	re.		

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