

#### **Instructions**

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

Feng 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi Dayun	rst Name)	2. Surname (Last Name) Feng	3. Date 24-March-2020
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Lei Liu
5. Manuscript Title Prognostic value		oin grade in patients with h	nepatocellular carcinoma and other liver diseases
6. Manuscript Idei ATM-20-775	ntifying Number (if you kı	now it)	
Section 2.	The Work Under C	onsideration for Publi	cation
Did you or your institution <b>at any time</b> 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			
Section 3.	Relevant financial	activities outside the	submitted work.
of compensation clicking the "Add	n) with entities as descr	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts
Do you have any	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo		

Feng 2



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Dr. Feng has nothing to disclose.

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Wang 1



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Hu 1



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1. Given Name (First Name) Jie	2. Surname (Last Name) Hu	3. Date 24-March-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Lei Liu	
5. Manuscript Title Prognostic value of the albumin-bilir	ubin grade in patients with h	nepatocellular carcinoma and other liver diseases	
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Hu 2



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4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Lei Liu	
5. Manuscript Title Prognostic value of the albumin-biliru	bin grade in patients with h	epatocellular carcinoma and other liver diseases	
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Zhao 1



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1. Given Name (Fii Huichen	rst Name)	2. Surname (Last Name) Li		3. Date 24-March-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Lei Liu	
5. Manuscript Title Prognostic value		in grade in patients with h	nepatocellular carcinoma an	d other liver diseases
6. Manuscript Ider ATM-20-775	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, cor ta monitoring board, study de:	mmercial, private foundation, etc.) for sign, manuscript preparation,
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of compensation clicking the "Add	) with entities as descri	bed in the instructions. Use port relationships that wer	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No



Section 5. Polationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Dr. Li has nothing to disclose.

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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

# Identifying information.

# The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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#### Definitions.

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

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Lei	2. Surname (Last Name) Liu	3. Date 24-March-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Prognostic value of the albumin-bilirubin grade in patients with hepatocellular carcinoma and other liver diseases		
6. Manuscript Identifying Number (if you kr ATM-20-775	now it)	
Section 2. The Work Under Co	onsideration for Publication	
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Section 5.	
Section 5.	Relationships not covered above
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Dr. Liu has nothi	ing to disclose.

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