

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sushil Kumar

2. Surname (Last Name)
Garg

3. Date
18-March-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Michael D. Leise

5. Manuscript Title
Incidence and Predictors of 30-Day Hospital Readmissions for Liver Cirrhosis: Insights from the United States National Readmissions Database

6. Manuscript Identifying Number (if you know it)
ATM-20-1762-R1

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Dr. Garg 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)
Hemant

2. Surname (Last Name)
Goyal

3. Date
24-December-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Michael D. Leise

5. Manuscript Title
Incidence and Predictors of 30-Day Hospital Readmissions for Liver Cirrhosis: Insights from the United States National Readmissions Database

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)
Itegbemie

2. Surname (Last Name)
Obaitan

3. Date
09-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael D. Leise

5. Manuscript Title
Incidence and Predictors of 30-Day Hospital Readmissions for Liver Cirrhosis: Insights from the United States National Readmissions Database

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1. Given Name (First Name)
Pir

2. Surname (Last Name)
Shah

3. Date
09-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael D. Leise

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shashank	2. Surname (Last Name) Sarvepalli	3. Date 10-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael D. Leise
5. Manuscript Title Incidence and Predictors of 30-Day Hospital Readmissions for Liver Cirrhosis: Insights from the United States National Readmissions Database		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Loretta

2. Surname (Last Name)

Jophlin

3. Date

09-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael D. Leise

5. Manuscript Title

Incidence and Predictors of 30-Day Hospital Readmissions for Liver Cirrhosis: Insights from the United States National Readmissions Database

6. Manuscript Identifying Number (if you know it)

ATM-20-1762-R1

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Dr. Jophlin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dupinder	2. Surname (Last Name) Singh	3. Date 13-May-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael D. Leise
5. Manuscript Title Incidence and Predictors of 30-Day Hospital Readmissions for Liver Cirrhosis: Insights from the United States National Readmissions Database		
6. Manuscript Identifying Number (if you know it) ATM-20-1762-R1		

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)

SUMEET

2. Surname (Last Name)

ASANI

3. Date

12 25 20

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Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Patrick

2. Surname (Last Name)
Kamath

3. Date
28-December-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Michael Leise

5. Manuscript Title
Incidence and Predictors of 30-Day Hospital Readmissions for Liver Cirrhosis: Insights from the United States National Readmissions Database

6. Manuscript Identifying Number (if you know it)
ATM-20-1762-R1

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Leise

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