

## ICMJE DISCLOSURE FORM

Date: Oct. 27<sup>th</sup>, 2021

Your Name: Wei Huang

Manuscript Title: A narrative review of liver regeneration—from models to molecular basis

Manuscript number (if known): ATM-21-5234

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 current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>Wei Huang</u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Wei Huang</u> None	
3	Royalties or licenses	<u>Wei Huang</u> None	
4	Consulting fees	<u>Wei Huang</u> None	

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

Please summarize the above conflict of interest in the following box:

None.
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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: Oct. 27<sup>th</sup>, 2021

Your Name: Ning Han

Manuscript Title: A narrative review of liver regeneration—from models to molecular basis

Manuscript number (if known): ATM-21-5234

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Ning Han</u> None	
3	Royalties or licenses	<u>Ning Han</u> None	
4	Consulting fees	<u>Ning Han</u> None	

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

**Please summarize the above conflict of interest in the following box:**

None.

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

  X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: Oct. 27<sup>th</sup>, 2021

Your Name: Lingyao Du

Manuscript Title: A narrative review of liver regeneration—from models to molecular basis

Manuscript number (if known): ATM-21-5234

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Lingyao Du</u> _None	
3	Royalties or licenses	<u>Lingyao Du</u> _None	
4	Consulting fees	<u>Lingyao Du</u> _None	

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

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None.
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## ICMJE DISCLOSURE FORM

Date: Oct. 27<sup>th</sup>, 2021

Your Name: Ming Wang

Manuscript Title: A narrative review of liver regeneration—from models to molecular basis

Manuscript number (if known): ATM-21-5234

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>Ming Wang</u> None	
4	Consulting fees	<u>Ming Wang</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>Ming Wang</u> None	
6	Payment for expert testimony	<u>Ming Wang</u> None	
7	Support for attending meetings and/or travel	<u>Ming Wang</u> None	
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## ICMJE DISCLOSURE FORM

Date: Oct. 27<sup>th</sup>, 2021

Your Name: Liyu Chen

Manuscript Title: A narrative review of liver regeneration—from models to molecular basis

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3	Royalties or licenses	<u>Liyu Chen</u> None	
4	Consulting fees	<u>Liyu Chen</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    Liyu Chen    </u> None	
6	Payment for expert testimony	<u>    Liyu Chen    </u> None	
7	Support for attending meetings and/or travel	<u>    Liyu Chen    </u> None	
8	Patents planned, issued or pending	<u>    Liyu Chen    </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    Liyu Chen    </u> None	
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