

ICMJE DISCLOSURE FORM

Date: 17/03/2023

Your Name: Hanns-Christian Breit

Manuscript Title: Assessment of Hepatic Function employing Hepatocyte Specific Contrast Agent Concentrations to Multifactorially evaluate Fibrotic Remodeling

Manuscript number (if known): QIMS-22-884

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.

The author's relationships/activities/interests should be defined broadly. 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.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 16.03.2023 _____

Your Name: Jan Vosshenrich _____

Manuscript Title: Assessment of Hepatic Function employing Hepatocyte Specific Contrast Agent Concentrations to Multifactorially evaluate Fibrotic Remodeling

Manuscript number (if known): QIMS-22-884

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4	Consulting fees	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 17/03/2023

Your Name: Tobias Heye

Manuscript Title: Assessment of Hepatic Function employing Hepatocyte Specific Contrast Agent Concentrations to Multifactorially evaluate Fibrotic Remodeling

Manuscript number (if known): QIMS-22-884

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Time frame: past 36 months			
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None.

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ICMJE DISCLOSURE FORM

Date: 19.03.2023

Your Name: Julian Gehweiler

Manuscript Title: Assessment of Hepatic Function employing Hepatocyte Specific Contrast Agent Concentrations to Multifactorially evaluate Fibrotic Remodeling

Manuscript number (if known): QIMS-22-884

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Time frame: past 36 months			
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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	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
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None

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ICMJE DISCLOSURE FORM

Date: 17.03.2023

Your Name: David Jean Winkel

Manuscript Title: Assessment of Hepatic Function employing Hepatocyte Specific Contrast Agent Concentrations to Multifactorially evaluate Fibrotic Remodeling

Manuscript number (if known): QIMS-22-884

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4	Consulting fees	None	

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None.

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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: March 21st, 2023

Your Name: Silke Potthast, MD

Manuscript Title: Assessment of Hepatic Function employing Hepatocyte Specific Contrast Agent Concentrations to Multifactorially evaluate Fibrotic Remodeling

Manuscript number (if known): QIMS-22-884

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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	<u> </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> 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.

A handwritten signature in black ink, consisting of several stylized, overlapping loops and curves.

ICMJE DISCLOSURE FORM

Date: March 17th 2023

Your Name: Elmar Max Merkle

Manuscript Title: Assessment of Hepatic Function employing Hepatocyte Specific Contrast Agent Concentrations to Multifactorially evaluate Fibrotic Remodeling

Manuscript number (if known): QIMS-22-884

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Institutional Support from Siemens Healthineers Educational grant to support the residency program	

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

No COI in regards to the manuscript submitted

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: 03-17-2023

Your Name: Daniel T. Boll, MD

Manuscript Title: Assessment of Hepatic Function employing Hepatocyte Specific Contrast Agent Concentrations to Multifactorially evaluate Fibrotic Remodeling

Manuscript number (if known): QIMS-22-884

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Paul Fall