

ICMJE DISCLOSURE FORM

Date: June. 09th, 2021
 Your Name: Yifei Tan
 Manuscript Title: Sarcopenia defined by psoas muscle index independently predicts long term survival after living donor liver transplantation in male recipients
 Manuscript number (if known): QIMS-21-314

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	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

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

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Date: June. 09th, 2021
 Your Name: Ting Duan
 Manuscript Title: Sarcopenia defined by psoas muscle index independently predicts long term survival after living donor liver transplantation in male recipients
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Date: June. 09th, 2021
 Your Name: Bo Li
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 Your Name: Bohan Zhang
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Date: June. 09th, 2021

Your Name: Yunfeng Zhu

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Date: June. 09th, 2021

Your Name: Ke Yan

Manuscript Title: Sarcopenia defined by psoas muscle index independently predicts long term survival after living donor liver transplantation in male recipients

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Date: June. 09th, 2021
 Your Name: Jiulin Song
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Date: June. 09th, 2021
 Your Name: Tao Lv
 Manuscript Title: Sarcopenia defined by psoas muscle index independently predicts long term survival after living donor liver transplantation in male recipients
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Date: June. 09th, 2021
 Your Name: Jian Yang
 Manuscript Title: Sarcopenia defined by psoas muscle index independently predicts long term survival after living donor liver transplantation in male recipients
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 Your Name: Jiayin Yang
 Manuscript Title: Sarcopenia defined by psoas muscle index independently predicts long term survival after living donor liver transplantation in male recipients
 Manuscript number (if known): QIMS-21-314

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

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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: June. 09th, 2021
 Your Name: Tianfu Wen
 Manuscript Title: Sarcopenia defined by psoas muscle index independently predicts long term survival after living donor liver transplantation in male recipients
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Date: June. 09th, 2021
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 Manuscript Title: Sarcopenia defined by psoas muscle index independently predicts long term survival after living donor liver transplantation in male recipients
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