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ICMJE DISCLOSURE FORM

Date: 3014 28 2021
Your Name: AN TONEUA TOLES
Manuscript Title: N.N INVALVE TOUL FEST DEJECTION OF LIVER DUE AVE IN CHLIDREN
Manuscript number (if known): AND ADLEJEENIS WITH WATE FISHOUT
ID: 78-21-68-R3

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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		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.	None	
		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	None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	× None
7	Support for attending meetings and/or travel	≥ 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	None
1	Stock or stock options	None
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
3	Other financial or non- financial interests	<u>X_</u> None

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

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

Subella Porer



Date: July 28 2021
- CAR MAINE
Your Name: 1 Service And Second in children
Manuscript Title: Mu juverive Tooks for detection of Lish disease in children
Manuscript number (if known): and endl scents with cyclic frame
1D: TP-24-68-R3

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

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	materials, drugs, medical	- X	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

No	couflici of	interest

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

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



Date:_28/07/2021

Your Name: Alice Castaldo Alice Carlosos Manuscrine Tiel-Manuscript Title: Non-invasive tools for detection of liver disease in children and adolescents with cystic fibrosis

Manuscript number (if known):_ TP-21-68-R3

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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Date: 28 07/2021	and the second s	
Your Name: ANDR € A CA Manuscript Title: NON - INVASING	TANK BOL BESELTION OF	MUSE DISSASS IN
Manuscript number (if known):	CHILDREN AND ADDLESSETS	WITH CYSTIC FIGHOSIS
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DOUT. ANDREA CATEDIA

Date:_28/07/2021

Your Name: Chiara Cimbalo

Manuscript Title: Non-invasive tools for detection of liver disease in children and adolescents with cystic fibrosis

Chiane Cimber

Manuscript number (if known):_ TP-21-68-R3

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
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11	Stock or stock options	X None	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	Other financial or non- financial interests	_XNone	
	imanciai interests		
Plea	se summarize the above co	nflict of interest in the f	ollowing box:

No conflict of interesr		

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.

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Date: 28) T/CT		
Your Name: VALENT (NAT TOOK & FOR DETE CTLON	OF CIVER	DISCLASCO 1
Your Name: VALENTINA ANGELVI Manuscript Title: NON - INVASIVE TOOKS FOR DETE CTION Manuscript number (if known): TP - 21-68 - R3		

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Grants or contracts from any entity (if not indicated in item #1 above).	None	
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5	Payment or honoraria for	× None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	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	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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, ,	MAIL DISCLOSURE
pate: 29/07/2071	
Date:	
Your Name: 91 ANF RANGO VALLO NE	The state of the s
Manuscript Title: NON-WVASIVE TOOK	FOR DETECTION OF LIVER DISPASE WCHICARENMY MOLEYEM MICHAR
Manuscript number (if known): 10-71-68-	Ra

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8	Patents planned, issued or pending	√ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None
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Please place an "X" next to the following statement to indicate your agreement:

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

Date:_	_2021/08/04
Your N	lame:Roberto Buzzetti
Manu	script Title: Non-invasive tools for detection of liver disease in children and adolescents with cystic fibrosis
Manu	script number (if known):TP-21-68-R3

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 3	Dipartimento di Scienze Mediche Traslazionali dell'Università degli Studi di Napoli Federico II
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_XNoneXNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	_XNone

Contract with Dipartimento di Scienze Mediche Traslazionali dell'Università degli Studi di Napoli Federico II

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.





Date: JULY	28,202	2			
Your Name:	VALERIA	RAIA			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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No	Conflict	of	interest	

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

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



Date: 28/07/2021
Your Name: Maria Grazia Caprio
Manuscript Title:Non-invasive tools for detection of liver disease in children and adolescents with cystic fibrosis
Manuscript number (if known): TP-21-68-R3

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