Date:25 April	
2021	
Your Name: SELVARAJ	
SUBRAMANIAM	
Manuscript Title: Plasma zinc status in critically ill patients with chronic liver	
disease	
Manuscript number (if known): JECCM-21-	
36	

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 <u>current manuscript only</u>.

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

		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	XNone	-
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	-
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	-

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

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare.
All authors have completed the lewise uniform disclosure form. The authors have no commets of interest to declare.

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:25 April	
2021	
Your Name: SYDNEY	
JACOBS	
Manuscript Title: Plasma zinc status in critically ill patients with chronic liver	
diseasedisease	
Manuscript number (if known): JECCM-21-	
26	

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 <u>current manuscript only</u>.

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

		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	_XNone	-
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	-
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	-

4	Consulting fees	_XNone	-
5	Payment or honoraria for	X None	-
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	-
	testimony		
7	Support for attending	_XNone	-
	meetings and/or travel		
8	Patents planned, issued or	X None	_
8	pending	XNone	-
	periumg		
9	Participation on a Data	X None	-
,	Safety Monitoring Board or	_ANone	
	Advisory Board		
10	Leadership or fiduciary role	X None	-
10	in other board, society,		-
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	-
	COCK OF STOCK OPTIONS		
12	Receipt of equipment,	X None	-
12	materials, drugs, medical	NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	-
	financial interests		

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare.

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:25 April	
2021	
Your Name: JOHN MORAN	
Manuscript Title: Plasma zinc status in critically ill patients with chronic liver	
disease	
Manuscript number (if known): JECCM-21-	
36	

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 <u>current manuscript only</u>.

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

		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)
1	All support for the present	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	

4	Consulting fees	_XNone	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
J	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the follo	owing box:
	All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare		. The authors have no conflicts of interest to declare

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:25 April	
2021	
Your Name: MRUDULA	
KANHERE	
Manuscript Title: Plasma zinc status in critically ill patients with chronic liver	
disease	
Manuscript number (if known): JECCM-21-	
36	

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 <u>current manuscript only</u>.

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

		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	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

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

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

All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare

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.	