Date: Ju	ly. 19 th , 2022	
Your Name:	João Pedro de Oliveira Farias	
Manuscript ¹	Title: Impact of Baseline Abnormal Liver Enzymes in The Outcome of Covid-19 Infection	
Manuscript	number (if known):	

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</u> <u>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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	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,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests	^_NUITE	
	iniancial interests		

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

Jour Redro de Oliveira

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.

Da	te: 07.15.20	22	
Yo	ur Name: LIANA C	ODES	
Ma	anuscript Title: Impact o	+ Saseline asnorma	I liver enzymes in the outcome of covidis in
Ma	nuscript number (if known)):	J
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" m e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply anuscript only.	to the author's relationsl	nips/activities/interests as they relate to the current
to me In	the epidemiology of hypertoedication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other iter
		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 initi	al planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone	

Time frame: past 36 months

X_None

X_None

X__None

No time limit for this item.

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

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any entity (if not indicated

	manuscript writing or educational events		
	Payment for expert testimony	XNone	
,	Support for attending meetings and/or travel	XNone	
3	Patents planned, issued or pending	X_None	
)	Participation on a Data	X None	
	Safety Monitoring Board or		A Contract Local Construction and Construction
V (80)	Advisory Board	had the second	
10	Leadership or fiduciary role in other board, society, committee or advocacy	X_None	
	group, paid or unpaid	۸.	
11	Stock or stock options	XNone	
		The second second second	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		The state of the s
		The fact than a second second	

5

Payment or honoraria for

lectures, presentations, speakers bureaus,

form.

X_None

Lorina Codes

Date: Jul. 20th	¹ , 2022
Your Name:	Diana Vinhaes Bello Dultra
Manuscript Title	Impact of Baseline Abnormal Liver Enzymes In The Outcome Of Covid-19 Infection
Manuscript num	ber (if known):

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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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 initia	al 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: pas	st 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	

5	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	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	

P	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.

Diaga Vinhaus B. Julto

	ite: <u>july 22th, 2022</u>		
Yo	ur Name: Ana Paula Souza	Amorim queiroz	(4 - 2 - A - N
			r enzymes in the outcome of Covid-19 infection
M	anuscript number (if known)	:	
re pa to	lated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	ne following questions apply anuscript only.	to the author's relations	nips/activities/interests as they relate to the <u>current</u>
to		ension, you should declar	e defined broadly. For example, if your manuscript pertains to all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other items,
		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 initi	al planning of the work
1	All support for the present	XNone	1
T	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		

Time frame: past 36 months

X_None

X_None

AMCA

processing charges, etc.)
No time limit for this item.

Grants or contracts from

Royalties or licenses

Consulting fees

3

any entity (if not indicated in item #1 above).

5	Payment or honoraria for	X None	
	lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
			0
7	Support for attending	XNone	
	meetings and/or travel		
	第 25 年 25		
8	Patents planned, issued or	X None	
Ü	pending	^_None	
			N
9	Participation on a Data	X None	
	Safety Monitoring Board or	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	X_None	
	And the second second	and the state of t	See the set of the season of t
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services	a	
13	Other financial or non-	X None	
13	financial interests	None	
	The state of the s		

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

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

The author receives consulting fees from AMCA.

X_ I certify that	I have answered every question and have	not altered the wording of any of the questions on th
form.	1 P 0= 510.	

Date: <u>Jul 18^t</u>	^h ,2022
Your Name:	RICARDO AZEVEDO CRUZ D´OLIVEIRA
Manuscript 1	Title: IMPACT OF BASELINE ABNORMAL LIVER ENZYMES IN THE OUTCOME OF COVID-19 INFECTION
Manuscript r	number (if known):

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</u> <u>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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

5	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	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				
Plea	Please summarize the above conflict of interest in the following box:					
Plea	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.					
	Ricardo A Cy D'Oliveire					

Date:	July 215 th , 2022
Vour Na	me: Alberto Queiroz Farias
Manusci	ript Title: Impact of baselineabnormal liver enzymes in the outcome of covid-19 infection
	ript number (if known): TGH-22-41

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</u> manuscript only.

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.

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)
	and the second s	Time frame: Since the initi	al 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.	XNone	
	40.000	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	AMCA	

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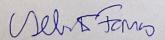
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
Payment for expert testimony	XNone	
Support for attending meetings and/or travel	XNone	
Patents planned, issued or pending	XNone	
Participation on a Data Safety Monitoring Board or Advisory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



Date: Jul	ly 19 th , 2022
Your Name:	Paulo Lisboa Bittencourt
Manuscript ¹	Title: IMPACT OF BASELINE ABNORMAL LIVER ENZYMES IN THE OUTCOME OF COVID-19 INFECTION
Manuscript	number (if known): TGH-22-41

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.		
	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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
•	5		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	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,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other financial or non-	V None	
13	financial interests	XNone	
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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.

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