

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Julie	2. Surname (Last Name) Zhu	3. Date 27-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric M. Yoshida
5. Manuscript Title Medical complications of liver transplantation		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Zhu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Trana	2. Surname (Last Name) Hussaini	3. Date 27-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric M. Yoshida
5. Manuscript Title Medical complications of liver transplantation		
6. Manuscript Identifying Number (if you know it)		

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Dr. Hussaini has nothing to disclose.

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1. Given Name (First Name) Siegfried	2. Surname (Last Name) Erb	3. Date 27-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric M. Yoshida
5. Manuscript Title Medical complications of liver transplantation		
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1. Given Name (First Name) Vladimir	2. Surname (Last Name) Marquez	3. Date 27-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric M. Yoshida
5. Manuscript Title Medical complications of liver transplantation		
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1. Given Name (First Name)
Eric

2. Surname (Last Name)
Yoshida

3. Date
27-December-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Medical complications of liver transplantation

6. Manuscript Identifying Number (if you know it)

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