Da	te:28 th June 2021		
	ur Name: Nikolaus G	assler	
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	nuscript number (if known)		
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	e following questions apply to nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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	tem #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	,
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		Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	X_ None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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2	Grants or contracts from	Time frame: past	56 MONTAS
2	any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

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

__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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Da	ite:28 th June 2021					
Yo	ur Name:Adrian Pro	ess				
M	anuscript Title:Etiology sp	ecific aspects of liver patho	ology			
M	Manuscript number (if known):					
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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 initia	l 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.	X None				
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastX None	36 months			
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3	Royalties or licenses	X None	:			

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

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

Jun-Prof. Dr. Adrian T. Press

Molecular Mechanism of Life-Threatening Infections
Jena University
Hospital
Department of Anesthesiology and
Intensive Care Medicine
Am Klinikum 1 07747 Jena, Germany

Adia Ress

Date:	24 th June 2021
Your Name:_	Falk Rauchfuß
Manuscript Title:_	Etiology-specific aspects of liver pathology
Manuscript number	er (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 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.

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 initia	l 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.	x None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	x None	S6 MORUIS
3	Royalties or licenses	x None	

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

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 th June 2021		
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The follow		to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
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4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	antique le 21 de 2 décembre vacilité par 1997 de 1998
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
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13	Other financial or non- financial interests	X None	

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Jena, 28.2.2021

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	followi nuscript		o the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
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		•	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)
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1	manus provision medica process	port for the present cript (e.g., funding, on of study materials, il writing, article sing charges, etc.) e limit for this item.	X None	
2	any ent	or contracts from ity (if not indicated #1 above).	Time frame: pa	st 36 months
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	
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