

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kilian

2. Surname (Last Name)
Friedrich

3. Date
04-June-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Spleen transient elastography predicts actuarial survival after liver transplantation

6. Manuscript Identifying Number (if you know it)
TGH-19-343

Section 2. The Work Under Consideration for Publication

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Dr. Friedrich has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Arianeb

2. Surname (Last Name)

Mehrabi

3. Date

04-June-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Spleen transient elastography predicts actuarial survival after liver transplantation

6. Manuscript Identifying Number (if you know it)

TGH-19-343

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Dr. Mehrabi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jan

2. Surname (Last Name)
Pfeiffenberger

3. Date
04-June-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Spleen transient elastography predicts actuarial survival after liver transplantation

6. Manuscript Identifying Number (if you know it)
TGH-19-343

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Dr. Pfeifferberger has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Christian

2. Surname (Last Name)
Rupp

3. Date
04-June-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Spleen transient elastography predicts actuarial survival after liver transplantation

6. Manuscript Identifying Number (if you know it)
TGH-19-343

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Karl-Heinz

2. Surname (Last Name)

Weiss

3. Date

04-June-2020

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☒ Yes ☐ No

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Markus

2. Surname (Last Name)

Mieth

3. Date

04-June-2020

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Spleen transient elastography predicts actuarial survival after liver transplantation

6. Manuscript Identifying Number (if you know it)

TGH-19-343

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

☐ Yes

☒ No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Mieth has nothing to disclose.

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