

## 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.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

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

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### Section 1. Identifying Information

1. Given Name (First Name)  
Ludovico

2. Surname (Last Name)  
Abenavoli

3. Date  
30-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
SARS-CoV-2 and liver damage: a possible pathogenetic link

6. Manuscript Identifying Number (if you know it)  
HBSN-20-437

### 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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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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

Dr. Abenavoli has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ivan	2. Surname (Last Name) Gentile	3. Date 30-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ludovico Abenavoli
5. Manuscript Title SARS-CoV-2 and liver damage: a possible pathogenetic link		
6. Manuscript Identifying Number (if you know it) HBSN-20-437		

### 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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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Correio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Angelini	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nordic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gilead Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Gentile reports personal fees from MSD, personal fees from Correvio, personal fees from Pfizer, personal fees from Angelini, personal fees from Nordic, personal fees from Abbvie, grants from Gilead Sciences, outside the submitted work; .

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1. Given Name (First Name)  
ALBERTO ENRICO

2. Surname (Last Name)  
MARAOLO

3. Date  
30-April-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
LUDOVICO ABENAVOLI

5. Manuscript Title  
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Dr. MARAOLO has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Francesco	2. Surname (Last Name) Negro	3. Date 29-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ludovico Abenavoli
5. Manuscript Title SARS-CoV-2 and liver damage: a possible pathogenetic link		
6. Manuscript Identifying Number (if you know it) HBSN-20-437		

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