

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Javier	2. Surname (Last Name) Fernandez	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
5. Manuscript Title The PREDICT Study Uncovers Three Clinical Courses In Acutely Decompensated Cirrhosis With Distinct Pathophysiology		
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Dr. Fernandez has nothing to disclose.

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Carmine

2. Surname (Last Name)
Gambino

3. Date
30-March-2020

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Corresponding Author's Name
Jonel Trebicka

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1. Given Name (First Name) Ilaria	2. Surname (Last Name) Giovio	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
5. Manuscript Title The PREDICT Study Uncovers Three Clinical Courses In Acutely Decompensated Cirrhosis With Distinct Pathophysiology		
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1. Given Name (First Name) Cesar	2. Surname (Last Name) Jimenez	3. Date 30-March-2020
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1. Given Name (First Name) Rajeshwar	2. Surname (Last Name) Mookerjee	3. Date 30-March-2020
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1. Given Name (First Name) Pietro	2. Surname (Last Name) Gatti	3. Date 30-March-2020
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1. Given Name (First Name) Stefan	2. Surname (Last Name) Zeuzem	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
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1. Given Name (First Name) Thomas	2. Surname (Last Name) Berg	3. Date 30-March-2020
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5. Manuscript Title The PREDICT Study Uncovers Three Clinical Courses In Acutely Decompensated Cirrhosis With Distinct Pathophysiology		
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1. Given Name (First Name) Minneke	2. Surname (Last Name) Coenraad	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
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Section 1. Identifying Information

1. Given Name (First Name) Heinz	2. Surname (Last Name) Zoller	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
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Germán

2. Surname (Last Name)
Soriano

3. Date
30-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jonel Trebicka

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1. Given Name (First Name) Henning	2. Surname (Last Name) Gronbaek	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
5. Manuscript Title The PREDICT Study Uncovers Three Clinical Courses In Acutely Decompensated Cirrhosis With Distinct Pathophysiology		
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1. Given Name (First Name) Osman Cavit	2. Surname (Last Name) Özdoğan	3. Date 30-March-2020
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1. Given Name (First Name) Elisabet	2. Surname (Last Name) Garcia	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
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1. Given Name (First Name) Manuel	2. Surname (Last Name) Tufoni	3. Date 30-March-2020
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1. Given Name (First Name) Alex	2. Surname (Last Name) Amoros	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
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1. Given Name (First Name) Anna	2. Surname (Last Name) Curto	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
5. Manuscript Title The PREDICT Study Uncovers Three Clinical Courses In Acutely Decompensated Cirrhosis With Distinct Pathophysiology		
6. Manuscript Identifying Number (if you know it) JHEPAT-D-20-00507		

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1. Given Name (First Name) Esau	2. Surname (Last Name) Moreno	3. Date 30-March-2020
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1. Given Name (First Name) Joan	2. Surname (Last Name) Claria	3. Date 30-March-2020
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Boglarka	2. Surname (Last Name) Balogh	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
5. Manuscript Title The PREDICT Study Uncovers Three Clinical Courses In Acutely Decompensated Cirrhosis With Distinct Pathophysiology		
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Section 1. Identifying Information

1. Given Name (First Name) Rajiv	2. Surname (Last Name) Jalan	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
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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 1. Identifying Information

1. Given Name (First Name) Richard	2. Surname (Last Name) Moreau	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
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Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name) Paolo	2. Surname (Last Name) Angeli	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
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1. Given Name (First Name) Vicente	2. Surname (Last Name) Arroyo	3. Date 30-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonel Trebicka
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jonel	2. Surname (Last Name) Trebicka	3. Date 17-March-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker and/or consulting fees
Bayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker and/or consulting fees
Alexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker and/or consulting fees
MSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker and/or consulting fees
Gilead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker and/or consulting fees
Intercept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker and/or consulting fees
Norgine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker and/or consulting fees
Grifols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker and/or consulting fees

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Versantis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker and/or consulting fees
Martin Pharmaceutical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker and/or consulting fees

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