

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Rebecca

2. Surname (Last Name)  
Sosa

3. Date  
04-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Elaine F. Reed

5. Manuscript Title  
Early Cytokine Signatures of Ischemia Reperfusion Injury in Human Orthotopic Liver Transplantation

6. Manuscript Identifying Number (if you know it)  
89679-INS-CMED-1

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Dr. Sosa 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)  
Ali

2. Surname (Last Name)  
Zarrinpar

3. Date  
04-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Elaine F. Reed

5. Manuscript Title  
Early Cytokine Signatures of Ischemia Reperfusion Injury in Human Orthotopic Liver Transplantation

6. Manuscript Identifying Number (if you know it)  
89679-INS-CMED-1

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Dr. Zarrinpar 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)  
Maura

2. Surname (Last Name)  
Rossetti

3. Date  
04-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Elaine F. Reed

5. Manuscript Title  
Early Cytokine Signatures of Ischemia Reperfusion Injury in Human Orthotopic Liver Transplantation

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Dr. Rossetti 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) Charles	2. Surname (Last Name) Lassman	3. Date 17-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Elaine F. Reed
5. Manuscript Title Early Cytokine Signatures of Ischemia Reperfusion Injury in Human Orthotopic Liver Transplantation		
6. Manuscript Identifying Number (if you know it) 89679-INS-CMED-1		

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Dr. Lassman has nothing to disclose.

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1. Given Name (First Name) Bita	2. Surname (Last Name) Naini	3. Date 04-October-2016
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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Nakul	2. Surname (Last Name) Datta	3. Date 04-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Elaine F. Reed
5. Manuscript Title Early Cytokine Signatures of Ischemia Reperfusion Injury in Human Orthotopic Liver Transplantation		
6. Manuscript Identifying Number (if you know it) 89679-INS-CMED-1		

### 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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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Datta 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) Ping	2. Surname (Last Name) Rao	3. Date 05-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Elaine F. Reed
5. Manuscript Title Early Cytokine Signatures of Ischemia Reperfusion Injury in Human Orthotopic Liver Transplantation		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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

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Dr. Rao 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)  
Nicholas

2. Surname (Last Name)  
Harre

3. Date  
05-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Elaine F. Reed

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Mr. Harre 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)  
Ying

2. Surname (Last Name)  
Zheng

3. Date  
04-October-2016

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Elaine F. Reed

5. Manuscript Title  
Early Cytokine Signatures of Ischemia Reperfusion Injury in Human Orthotopic Liver Transplantation

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Ms. Zheng 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)

ROBERTO

2. Surname (Last Name)

SPREAFICO

3. Date

04-October-2016

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☐ Yes ☒ No

Corresponding Author's Name

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Dr. SPREAFICO has nothing to disclose.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
Alexander

2. Surname (Last Name)  
Hoffmann

3. Date  
04-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Elaine F. Reed

5. Manuscript Title  
Early Cytokine Signatures of Ischemia Reperfusion Injury in Human Orthotopic Liver Transplantation

6. Manuscript Identifying Number (if you know it)  
89679-INS-CMED-1

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Hoffmann 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) Ronald	2. Surname (Last Name) Busuttil	3. Date 05-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Elaine F. Reed
5. Manuscript Title Early Cytokine Signatures of Ischemia Reperfusion Injury in Human Orthotopic Liver Transplantation		
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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Busuttil 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) David	2. Surname (Last Name) Gjertson	3. Date 11-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Elaine F. Reed
5. Manuscript Title Early Cytokine Signatures of Ischemia Reperfusion Injury in Human Orthotopic Liver Transplantation		
6. Manuscript Identifying Number (if you know it) 89679-INS-CMED-1		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Gjertson has nothing to disclose.

### Evaluation and Feedback

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#### 4. Intellectual Property.

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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) Yuan	2. Surname (Last Name) Zhai	3. Date 04-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Elaine F. Reed
5. Manuscript Title Early Cytokine Signatures of Ischemia Reperfusion Injury in Human Orthotopic Liver Transplantation		
6. Manuscript Identifying Number (if you know it) 89679-INS-CMED-1		

### 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

### Section 3. Relevant financial activities outside the submitted work.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Zhai 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)

JERZY

2. Surname (Last Name)

KUPIEC-WEGLINSKI

3. Date

04-October-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Elaine F. Reed

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. KUPIEC-WEGLINSKI 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)  
Elaine

2. Surname (Last Name)  
Reed

3. Date  
04-October-2016

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

5. Manuscript Title  
Early Cytokine Signatures of Ischemia Reperfusion Injury in Human Orthotopic Liver Transplantation

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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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
Immucor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant support to identify protein biomarkers of renal allograft rejection

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

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Protein biomarkers to renal transplant rejection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### Section 5.

#### Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### 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. Reed reports grants from Immucor, outside the submitted work; In addition, Dr. Reed has a patent Protein biomarkers to renal transplant rejection pending.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.