ICMJE DISCLOSURE FORM

Date: ___________________________ 2021-12-09

Your Name: ___Bo Dai___________________________

Manuscript Title: ____Advantages of using indocyanine green in liver transplantation: a narrative review

Manuscript number (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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

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|   |                                                                                         |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                | None                                                                                 |
| 3 | Royalties or licenses                                                                     | None                                                                                 |
| 4 | Consulting fees                                                                          | None                                                                                 |
|   | Description                                                                 | Response |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
| 6 | Payment for expert testimony                                                | None     |
| 7 | Support for attending meetings and/or travel                                | None     |
| 8 | Patents planned, issued or pending                                          | None     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | None     |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None     |
| 11| Stock or stock options                                                       | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None     |
| 13| Other financial or non-financial interests                                   | None     |

Please summarize the above conflict of interest in the following box:

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Please place an “X” next to the following statement to indicate your agreement:

_ 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: __________________________ 2021-12-09
Your Name: ___ Nida El Islam Guissi ____________________________________________________________
Manuscript Title: ___ Advantages of using indocyanine green in liver transplantation: a narrative review
Manuscript number (if known): _____________________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Description                                                                 | Answer |
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| 8 | Patents planned, issued or pending                                         | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | None   |
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| 11| Stock or stock options                                                      | None   |
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| 13| Other financial or non-financial interests                                  | None   |

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Date: __________________________ 2021-12-09

Your Name: ___ Lydia Frenzel Sulyok

Manuscript Title: ___ Advantages of using indocyanine green in liver transplantation: a narrative review

Manuscript number (if known): ________________________________________________________________

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|   | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** | **None** |
|---|-------------------------------------------------------------------------------------------------|---------|
|   | **Payment for expert testimony**                                                                 | **None** |
|   | **Support for attending meetings and/or travel**                                                | **None** |
|   | **Patents planned, issued or pending**                                                          | **None** |
|   | **Participation on a Data Safety Monitoring Board or Advisory Board**                          | **None** |
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|   | **Stock or stock options**                                                                     | **None** |
|   | **Receipt of equipment, materials, drugs, medical writing, gifts or other services**           | **None** |
|   | **Other financial or non-financial interests**                                                  | **None** |

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Date: _________________________ 2021-12-09

Your Name: __ Mitchell G. Bryski _______________________________________________________

Manuscript Title: ____ Advantages of using indocyanine green in liver transplantation: a narrative review

Manuscript number (if known): ___________________________________________________________________

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**Time frame: Since the initial planning of the work**

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|---|---|---|
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**Time frame: past 36 months**

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

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Date: ___________________________ 2021-12-09

Your Name: ___ Yiqing Wang ______________________________________________________________________________________

Manuscript Title: ____ Advantages of using indocyanine green in liver transplantation: a narrative review

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| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
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| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
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Date: __________________________ 2021-12-09

Your Name: Dongjin Wang

Manuscript Title: Advantages of using indocyanine green in liver transplantation: a narrative review

Manuscript number (if known): ____________________________________________________________

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| 3 | Royalties or licenses | None |
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| 6 | Payment for expert testimony                                               | None         |
| 7 | Support for attending meetings and/or travel                               | None         |
| 8 | Patents planned, issued or pending                                         | None         |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | None         |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None         |
| 11| Stock or stock options                                                      | None         |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None         |
| 13| Other financial or non-financial interests                                  | None         |

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Date: ____________________________2021-12-09__________________________________________________
Your Name: ___ Sunil Singhal______________________________________________________________
Manuscript Title: ____ Advantages of using indocyanine green in liver transplantation: a narrative review
Manuscript number (if known): _______________________________________________________________

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| 3 | Royalties or licenses                                                                            | ____None |
| 4 | Consulting fees                                                                                  | ____None |

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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None.

Please place an “X” next to the following statement to indicate your agreement:

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Date: ______________________ 2021-12-09

Your Name: Huiming Cai

Manuscript Title: Advantages of using indocyanine green in liver transplantation: a narrative review

Manuscript number (if known):

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|    | No time limit for this item. |                                                                 |                                                                                |
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| 3  | Royalties or licenses | ____None | |
| 4  | Consulting fees | ____None | |
|   | Conflict of Interest Item                                                                 | Response |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
| 6 | Payment for expert testimony                                                              | None     |
| 7 | Support for attending meetings and/or travel                                              | None     |
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|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None     |
|11 | Stock or stock options                                                                     | None     |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services           | None     |
|13 | Other financial or non-financial interests                                                 | Nanjing Nuoyuan Medical Devices Co., Ltd. |

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Huiming Cai is from Nanjing Nuoyuan Medical Devices Co., Ltd.

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