**ICMJE DISCLOSURE FORM**

**Date:** _____ Sept. 27\(^{th}\), 2021__

**Your Name:** __Lian He__

**Manuscript Title:** Application of single-cell RNA sequencing technology in liver diseases: a narrative review

**Manuscript number (if known):** ATM-21-4824

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.

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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.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|
| **Time frame: Since the initial planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | \_X\_ None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | \_X\_ None |
| 3 | Royalties or licenses | \_X\_ None |
| 4 | Consulting fees | \_X\_ None |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|---|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony | X | None |
| 7 | Support for attending meetings and/or travel | X | None |
| 8 | Patents planned, issued or pending | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11 | Stock or stock options | X | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13 | Other financial or non-financial interests | X | None |

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

None.

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: _____ Sept. 27\textsuperscript{th}, 2021____
Your Name: ______ Anjing Lu
Manuscript Title: Application of single-cell RNA sequencing technology in liver diseases: a narrative review
Manuscript number (if known): ATM-21-4824

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

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

Dr. Lu reports that she serves on Shanghai Nature-Standard Technology Service Co., Ltd.

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: ______ Sept. 27th, 2021

Your Name: __ Lin Qin __

Manuscript Title: Application of single-cell RNA sequencing technology in liver diseases: a narrative review

Manuscript number (if known): ATM-21-4824

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|   | **Time frame: Since the initial planning of the work**                                       |                                                                                   |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  
No time limit for this item. | __X__ None                                                                        |
|   |                                                                                               |                                                                                   |
|   | **Time frame: past 36 months**                                                                |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | __X__ None                                                                        |
| 3 | Royalties or licenses                                                                        | __X__ None                                                                        |
| 4 | Consulting fees                                                                              | __X__ None                                                                        |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | X  | None |
|   | manuscript writing or educational events                                    |    |      |
| 6 | Payment for expert testimony                                                | X  | None |
| 7 | Support for attending meetings and/or travel                                | X  | None |
| 8 | Patents planned, issued or pending                                          | X  | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X  | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy | X  | None |
|   | group, paid or unpaid                                                        |    |      |
| 11| Stock or stock options                                                       | X  | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | X  | None |
|   | services                                                                     |    |      |
| 13| Other financial or non-financial interests                                  | X  | None |

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

None.

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: ______ Sept. 27th, 2021
Your Name: ______ Qianru Zhang
Manuscript Title: Application of single-cell RNA sequencing technology in liver diseases: a narrative review
Manuscript number (if known): ATM-21-4824

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.

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|   | Time frame: Since the initial planning of the work |
| 1 | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)** No time limit for this item. | **_X_** None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **_X_** None |
| 3 | Royalties or licenses | **_X_** None |
| 4 | Consulting fees | **_X_** None |
|   | Time frame: past 36 months |

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"Specifications/Comments" can include additional details, such as if payments were made to you or to your institution.
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

None.

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:____ Sept. 27th, 2021______________________________________
Your Name: __ Hua Ling ____________________________
Manuscript Title: Application of single-cell RNA sequencing technology in liver diseases: a narrative review
Manuscript number (if known): ATM-21-4824____________________________________________________

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None |
|   | **No time limit for this item.** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None |
| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Description                                                                                     | _X_ None |
|---|-------------------------------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                                  | _X_ None |
| 7 | Support for attending meetings and/or travel                                                    | _X_ None |
| 8 | Patents planned, issued or pending                                                              | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | Hua Ling serves on an advisory board for Alnylam pharmaceuticals. |
| 11| Stock or stock options                                                                           | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                 | _X_ None |
| 13| Other financial or non-financial interests                                                        | _X_ None |

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

Dr. Ling reports that he serves on an advisory board for Alnylam pharmaceuticals.

**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:____ Sept. 27th, 2021

Your Name: Daopeng Tan

Manuscript Title: Application of single-cell RNA sequencing technology in liver diseases: a narrative review

Manuscript number (if known): ATM-21-4824

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| 3 | Royalties or licenses                                                                        | _X_ None                                                                           |
| 4 | Consulting fees                                                                              | _X_ None                                                                           |
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|---|-----------------------------------------------------------------------------|-----------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |       |
| 6 | Payment for expert testimony                                                  | X None |       |
| 7 | Support for attending meetings and/or travel                                   | X None |       |
| 8 | Patents planned, issued or pending                                            | X None |       |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X None |       |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |       |
| 11| Stock or stock options                                                        | X None |       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |       |
| 13| Other financial or non-financial interests                                     | X None |       |

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None.

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Date: _____ Sept. 27th, 2021__________________________
Your Name: __Yuqi He______________________________
Manuscript Title: Application of single-cell RNA sequencing technology in liver diseases: a narrative review
Manuscript number (if known): ATM-21-4824_______________________________________________________________

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| 3 | Royalties or licenses | __X__ None                                                                           |
| 4 | Consulting fees | __X__ None                                                                           |
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|---|---|---|
| 5 | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** | __X__ None |
| 6 | **Payment for expert testimony** | __X__ None |
| 7 | **Support for attending meetings and/or travel** | __X__ None |
| 8 | **Patents planned, issued or pending** | __X__ None |
| 9 | **Participation on a Data Safety Monitoring Board or Advisory Board** | __X__ None |
| 10 | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | __X__ None |
| 11 | **Stock or stock options** | __X__ None |
| 12 | **Receipt of equipment, materials, drugs, medical writing, gifts or other services** | __X__ None |
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