ICMJE DISCLOSURE FORM

Date: Oct. 8\textsuperscript{th}, 2021

Your Name: Marcos V. Perini

Manuscript Title: Editorial: Reducing Blood Loss in liver transplantation: The impact of surgical technique

Manuscript number (if known): ATM-2021-13

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|   | Payment for expert testimony | _x_ None |
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|   | Participation on a Data Safety Monitoring Board or Advisory Board | _x_ None |
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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: Oct. 8th, 2021

Your Name: Vijayaragavan Muralidharan

Manuscript Title: Editorial: Reducing Blood Loss in liver transplantation: The impact of surgical technique

Manuscript number (if known): ATM-2021-13

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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 |
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| 3 | Royalties or licenses                              | **X** None |
| 4 | Consulting fees                                   | **X** None |
| 5 |                                                    | **X** None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |
|---|----------------------------------------------------------------------------------------------------------|
| 6 | Payment for expert testimony                                                                                 |
| 7 | Support for attending meetings and/or travel                                                                     |
| 8 | Patents planned, issued or pending                                                                               |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                               |
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| 13| Other financial or non-financial interests                                                                      |

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