ICMJE DISCLOSURE FORM

Date: __9/7/2022__

Your Name: _Courtney_McGinnis_______________________________________________________________

Manuscript Title: __Advancing proteomics and machine learning in the clinic: An editorial on “Noninvasive proteomic biomarkers for alcohol-related liver disease”______________________________

Manuscript number (if known): ______ HBSN-22-390__________________________________________________________

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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|   | 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.                                                      |
|   | None                                                                                         |                                                                                  |
| **Time frame: past 36 months** |                                                                                        |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | None                                                                             |
|   | None                                                                                         |                                                                                  |
| 3 | Royalties or licenses                                                                        | None                                                                             |
|   |                                                                                              |                                                                                  |
| 4 | Consulting fees                                                                             | None                                                                             |
|   |                                                                                              |                                                                                  |
| 5 | Payment or honoraria for                                                                      | 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:** 9/8/2021  
**Your Name:** Brenton I. M. Graham  
**Manuscript Title:** Advancing proteomics and machine learning in the clinic: An editorial on “Noninvasive proteomic biomarkers for alcohol-related liver disease”  
**Manuscript Number (if known):** HBSN-22-390

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|------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
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|      | Time frame: Since the initial planning of the work                                              | Click the tab key to add additional rows.                        |
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|---|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4 | **Consulting fees** | ☒ None                                                                                              |
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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                                                                                                    |
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|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: 9/7/2022
Your Name: Peter S. Harris
Manuscript Title: Advancing proteomics and machine learning in the clinic: An editorial on “Noninvasive proteomic biomarkers for alcohol-related liver disease”
Manuscript number (if known): HBSN-22-390

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| **Time frame: Since the initial planning of the work** | | |
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| **Time frame: past 36 months** | | |
| 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 |
|---|-----------------------------------------------------------------------------|--------|
| 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   |
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|11 | Stock or stock options                                                      | None   |
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|13 | Other financial or non-financial interests                                  | None   |

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





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___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: _9/7/2022_
Your Name: _Kristofer Fritz_
Manuscript Title: Advancing proteomics and machine learning in the clinic: An editorial on “Noninvasive proteomic biomarkers for alcohol-related liver disease”
Manuscript number (if known): _HBSN-22-390_

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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|   | **No time limit for this item.**                                                               |                                                                                  |                                                                                  |
|   |                                                                                               |                                                                                  |                                                                                  |
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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                                                                             |                                                                                  |
|   | Conflict of Interest                                                                 | None |
|---|-------------------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony                                                         | None |
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| 13| Other financial or non-financial interests                                            | None |

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