

ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Bertram Bengsch

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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 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.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Dominik Bettinger

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Tobias Boettler

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Miriam Eisner

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Roland Elling

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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Date: 1/2/2023

Your Name: Florian Emmerich

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Anne Graeser

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Maike Hofmann

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Daniela Huzly

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Vivien Karl

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Florian Klein

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Julia Lang-Meli

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Hendrik Luxenburger

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Christoph Neumann-Haefelin

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Valerie Oberhardt

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Marcus Panning

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: David Reeg

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Matthias Reinscheid

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Sagar

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Elahe Salimi Alizei

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Robert Thimme

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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ICMJE DISCLOSURE FORM

Date: 1/2/2023

Your Name: Katharina Wild

Manuscript Title: Boosting compromised SARS-CoV-2-specific T cell immunity in liver transplant recipients by mRNA vaccination

Manuscript Number (if known): JHEPAT-D-22-02033

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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)						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.