

ICMJE DISCLOSURE FORM

Date: 3/10/2023

Your Name: Sarp Uzun

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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.

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

ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Carl Zinner

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: Beenen, Amke Carolina

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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ICMJE DISCLOSURE FORM

Date: 3/24/2023

Your Name: Byron Calgua

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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ICMJE DISCLOSURE FORM

Date: 3/28/2023

Your Name: Ewelina M. Bartoszek

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 690 1516 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 3/24/2023

Your Name: Gregor Hutter

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>University of Basel Educational Commission</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		University of Basel Educational Commission							
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11	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr> <td>Incephalo AG</td> <td>Co-Founder</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Incephalo AG	Co-Founder				
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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.

ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: Jason Yeung

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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: 3/23/2023

Your Name: Luigi Terracciano

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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: 3/23/2023

Your Name: Luca Mazzucchelli

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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ICMJE DISCLOSURE FORM

Date: 3/24/2023

Your Name: Markus Heim

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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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.

Marius Klein

ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Peter Bronsert

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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: 3/22/2023

Your Name: Sizun Jiang

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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: 3/23/2023

Your Name: Tobias Hoffmann

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Anna K. Stalder

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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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.

ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Christine Bernsmeier

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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: 3/22/2023

Your Name: Benedetta Terziroli Beretta-Piccoli

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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: 3/21/2023

Your Name: Tobias Boettler

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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: 3/23/2023

Your Name: Isabelle Panne

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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: 3/23/2023

Your Name: Jasmine Haslbauer

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Jürg Vosbeck

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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: 3/21/2023

Your Name: Maike Hofmann

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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: 3/20/2023

Your Name: Dr. Michael Manz

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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: 3/21/2023

Your Name: Matthias Reinscheid

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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ICMJE DISCLOSURE FORM

Date: 3/20/2023

Your Name: Alexandar Tzankov

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Participation at the Advisory Board of Blueprint Medicines</td> <td>Not related to the current study</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Participation at the Advisory Board of Blueprint Medicines	Not related to the current study						
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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.

ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: [ALBORELLI ILARIA]

Manuscript Title: [Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics]

Manuscript Number (if known): JHEPAT-D-22-01601

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		TECAN SCHWEIZ, THERMO FISHER SCIENTIFIC	
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>			

Ilaria Albonelli

ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: Bertram Bengsch

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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: 3/23/2023

Your Name: Matthias Matter

Manuscript Title: Morphologic and molecular analysis of liver injury after SARS-CoV-2 vaccination reveals distinct characteristics

Manuscript Number (if known): JHEPAT-D-22-01601

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