



ICMJE

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MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alisan

2. Surname (Last Name)
Kahraman

3. Date
29-November-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Potential triggering factors of acute liver failure as a first manifestation of autoimmune hepatitis - a single center experience of 52 adult patients

6. Manuscript Identifying Number (if you know it)
37348

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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1. Given Name (First Name)

Matthias

2. Surname (Last Name)

Büchter

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☒ No

Corresponding Author's Name

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Paul

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Manka

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Falko Markus

2. Surname (Last Name)

Heinemann

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☐ Yes

☒ No

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1. Given Name (First Name)
Monika

2. Surname (Last Name)
Lindemann

3. Date
29-November-2017

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☐ Yes ☒ No

Corresponding Author's Name
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Hideo Andreas

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Baba

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Martin
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Schlattjan
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Ali

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