Date:	7/19/2022
Your Name:	Ann Vossen
Manuscript Title:	Multicenter long-term evaluation of post-transplant lymphoproliferative disease in adult liver transplantation: risk factors and prevention by Epstein-Barr viral load monitoring strategy
Manuscript Number (if known):	Click or tap here to enter text.

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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		e all entities with whom you have this onship 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	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	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		ame all entities with whom you have this elationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your	ts (e.g., if payments were institution)	
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		
Plea	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.			

Date:	7/20/2022
Your Name:	H.J. Metselaar
Manuscript Title:	Multicenter long-term evaluation of post-transplant lymphoproliferative disease in adult liver transplantation: risk factors and prevention by Epstein-Barr viral load monitoring strategy
Manuscript Number (if known):	M22-0364
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3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/21/2022
Your Name:	D van der Helm
Manuscript Title:	Multicenter long-term evaluation of post-transplant lymphoproliferative disease in adult liver transplantation: risk factors and prevention by Epstein-Barr viral load monitoring strategy
Manuscript Number (if known):	M22-0364

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		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/14/2022
Your Name:	Bastian Ruijter
Manuscript Title:	Multicenter long-term evaluation of post-transplant lymphoproliferative disease in adult liver transplantation: risk factors and prevention by Epstein-Barr viral load monitoring strategy
Manuscript Number (if known):	M22-0364
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		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/15/2022
Your Name:	Hew, Joffre Mitchell
Manuscript Title:	Multicenter long-term evaluation of post-transplant lymphoproliferative disease in adult liver transplantation: risk factors and preventionby monitoring Epstein-Barr viral load.
Manuscript Number (if known):	M22-0364

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None	
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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/20/2022
Your Name:	Marjolein van Reeven
Manuscript Title:	Multicenter long-term evaluation of post-transplant lymphoproliferative disease in adult liver transplantation: risk factors and prevention by Epstein-Barr viral load monitoring strategy
Manuscript Number (if known):	M22-0364

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2	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	

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4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel		
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	7/20/2022
Your Name:	Jeroen Dubbeld
Manuscript Title:	Multicenter long-term evaluation of post-transplant lymphoproliferative disease in adult liver transplantation: risk factors and prevention by Epstein-Barr viral load monitoring strategy
Manuscript Number (if known):	M22-0364

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2	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	

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4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel		
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		

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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	
Plea	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.		

Date:	7/14/2022	
Your Name:	Maarten E. Tushuizen	
Manuscript Title:	Multicenter long-term evaluation of post-transplant lymphoproliferative disease in adult liver transplantation: risk factors and prevention by Epstein-Barr viral load monitoring strategy	
Manuscript Number (if known):	M22-0364	
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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		

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.

that medication is not mentioned in the manuscript.

			e all entities with whom you have this ionship 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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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	Click the tab key to add additional rows.
2	Grants or	$\boxtimes$	None	
	contracts from any entity (if not			
	indicated in item			
	#1 above).			
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payr made to you or to your institution)	ments were
4	Consulting fees	None None	
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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Learning that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/15/2022
Your Name:	Ron Wolterbeek
Manuscript Title:	Multicenter long-term evaluation of post-transplant lymphoproliferative disease in adult liver transplantation: risk factors and prevention by Epstein-Barr viral load monitoring strategy
Manuscript Number (if known):	Click or tap here to enter text.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None 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 None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	•	e following statement to indicate your agreeme	

Date:	7/20/2022
Your Name:	Bart van Hoek
Manuscript Title:	Multicenter long-term evaluation of post-transplant lymphoproliferative disease in adult liver transplantation: risk factors and prevention by Epstein-Barr viral load monitoring strategy
Manuscript Number (if known):	M22-0364

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		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Chiesi Pharma Sandoz Pharma	For randomized controlled study on second- line treatment of autoimmune hepatitis For implementation of dried blood spot method for monitoring immunosuppression drug levels	
3	Royalties or licenses	None None		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Norgine  Norgine  Abacus Medicine	Payment of economists and manuscript writing for budget impact analysis of optimizing rifaximin use for prevention of hepatic encephalopathy  For making podcast on rifaximin for hepatic encephalopathy  For enabling webinar on Wilson disease
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Astellas	AASLD 2019A
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Abacus Medicine	Advisory board on Wilson disease
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Livertransplant committee of NTS (Netherlands Transplant Foundation)  ELIAC (European Liver and Intestinal Advisory Committee for Eurotransplant)	Current member  Past member

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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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