



#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

## Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Jensen



Given Name (First Name) Nanna Martin	2. Surname (Last Name) Jensen	3. Effective Date (07-August-2008 30-December-2012
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Rehabilitation for cirrhotic patient	discharged after hepatic encephalopaty im	proves survival
Manuscript Identifying Number (if y		proves survival

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party 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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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
I. Grant	1				
2. Consulting fee or honorarium	<b>V</b>				
8. Support for travel to meetings for the study or other purposes	<b>V</b>				
i. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V				
. Payment for writing or reviewing the manuscript	<b>V</b>				
Provision of writing assistance, medicines, equipment, or administrative support	<b>V</b>				



The Work Under Consider	ration for Pub	lication			STATE OF THE PARTY	1999
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
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7. Other	<b>✓</b>					×
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	1					3
2. Consultancy	<b>V</b>					AE
3. Employment	<b>V</b>					AE >
. Expert testimony	<b>V</b>					AE
. Grants/grants pending	V					AE ×
. Payment for lectures including service on speakers bureaus	<b>V</b>					AD ×
Payment for manuscript preparation	<b>V</b>					AD

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*
8. Patents (planned, pending or issued)	· •		
9. Royalties	<b>V</b>		
Payment for development of educational presentations	1		
11. Stock/stock options	<b>V</b>		
<ol> <li>Travel/accommodations/ meeting expenses unrelated activities listed**</li> </ol>	to 🗸		
13. Other (err on the side of full disclosure)	<b>✓</b>		
* This means money that your institu ** For example, if you report a consu Section 4.	Itancy above t	for your effo here is no n	orts. eed to report tr
Are there other relationships or a	ctivities that	readers co	uld perceive t
potentially influencing, what you  No other relationships/condit	ions/circums	stances tha	it present a po
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Given Name (First Name) Christian	Surname (Last Name)     Homann	<ol> <li>Effective Date (07-August-200)</li> <li>08-February-2013</li> </ol>
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Nanna Martin Jensen
5. Manuscript Title Rehabilitation for cirrhotic patients di	scharged after hepatic enc	ephalopaty improves survival

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The Work Under Consideration	for Pub	lication	131 - W	N. 12480. 13	Carlo Carlos	ACTES OF
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1					×
		-				ADD
Consulting fee or honorarium	1					×
Support for travel to meetings for						ADD
the study or other purposes	<b>V</b>					×
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<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>V</b>					×
Provision of writing assistance,						ADD
medicines, equipment, or administrative support	$\checkmark$					×
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The Work Under Consideration for Publication								
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Relevant financial activities ou	tside th	e submit	ted work	33 14 9 18	- 19 B. C.	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>V</b>					X AD
2. Consultancy	<b>V</b>					X AD
3. Employment	<b>V</b>					X
4. Expert testimony	<b>V</b>					X
5. Grants/grants pending	<b>V</b>					×
6. Payment for lectures including service on speakers bureaus	<b>/</b>					ADI X ADI
7. Payment for manuscript preparation	<b>V</b>					×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	<b>V</b>					AD ×
9. Royalties	<b>V</b>	П				AD.
10. Payment for development of						ADI
educational presentations	$\checkmark$					ADI
11. Stock/stock options	<b>V</b>					× ADE
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>V</b>					×
13. Other (err on the side of full disclosure)	<b>V</b>					ADE ×
* This means money that your institution ** For example, if you report a consultance Section 4.	y above ti	for your effo here is no n	orts. eed to report trav	vel related to that consult	ancy on this line.	ADD
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Are there other relationships or activi potentially influencing, what you wro	ties that i te in the	readers co submitted	uld perceive to work?	have influenced, or tha	t give the appearance of	of
✓ No other relationships/conditions					t	
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At the time of manuscript acceptance On occasion, journals may ask authors	to discle	ose further	information ab	out reported relations	nips.	tements



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1. Given Name (F Joan	irst Name)	Surname (Last Name)     Manniche	3. Effective Date (07-August-2008) 27-February-2013
4. Are you the co	rresponding author?	☐ Yes ✓ No	Corresponding Author's Name Nanna Martin Jensen
5. Manuscript Tit REHABILITATIO IMPROVES SUR	N FOR CIRRHOTIC PAT	IENTS DISCHARGED AFTE	R HEPATIC ENCEPHALOPATY
6. Manuscript Ide UFL-01-13-0064	entifying Number (if you 1	know it)	

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The Work Under Consideration	for Pub	lication			The same of the sa	U ST
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>V</b>			46		×
						ADD
2. Consulting fee or honorarium	<b>V</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>V</b>					*
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	$\checkmark$					×
						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>V</b>					*
Manniche						2



The Work Under Consider	ation for Pub	lication	19.848	ALL PARTY	VIII DE TRANSPORT	18 - V
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
		171	!!			ADE
7. Other	✓					×
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Board membership	<b>V</b>				
2. Consultancy	<b>V</b>				
. Employment	<b>V</b>				
. Expert testimony	<b>V</b>				
. Grants/grants pending	<b>V</b>				
. Payment for lectures including service on speakers bureaus	<b>V</b>				
?. Payment for manuscript preparation	<b>V</b>				

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0.00						AE
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>V</b>					>
O. Davablas						AE
9. Royalties	1					AE
Payment for development of educational presentations	<b>V</b>					>
Stock/stock options	<b>/</b>					AE >
Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>V</b>					×
Other (err on the side of full disclosure)	<b>V</b>					AD ×
* This means money that your institution ** For example, if you report a consultance	received cy above	for your eff there is no r	orts. need to report tra	evel related to that consult	ancy on this line.	AD

# Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below): At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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1. Given Name (F Svend	irst Name)	2. Surname Svendsen	(Last Name		3. Effective Date (07-August-2008) 27-February-2013
4. Are you the co	rresponding author?	Yes	<b>✓</b> No	Corresponding Author's Na Nanna Martin Jensen	me
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. Payment for lectures including service on speakers bureaus	<b>V</b>				
7. Payment for manuscript preparation	<b>V</b>				

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Payment for development of educational presentations  Stock/stock options  Travel/accommodations/ meeting expenses unrelated to activities listed**  Other (err on the side of full disclosure)  Other (err on the side of full disclosure)  In this means money that your institution received for your efforts.  For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
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Payment for development of educational presentations  Stock/stock options  Travel/accommodations/ meeting expenses unrelated to activities listed**  Other (err on the side of full disclosure)  This means money that your institution received for your efforts.  For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.		<b>✓</b>				
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activities listed**  8. Other (err on the side of full disclosure)  This means money that your institution received for your efforts.  For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	Stock/stock options	<b>V</b>				
meeting expenses unrelated to activities listed**  3. Other (err on the side of full disclosure)  This means money that your institution received for your efforts.  *For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	2. Travel/accommodations/					
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potentially influencing, what you wrote in the submitted work?						t
✓ No other relationships/conditions/circumstances that present a potential conflict of interest			S/CII/Cullist	ances are presi	ent (explain below);	
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Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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Christensen



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Given Name (First Name)	2. Surname (La	Name)	<ol><li>Effective Date (07-August-2008)</li></ol>
Erik	Christensen		04-January-2013
4. Are you the corresponding author?	☐Yes ✓	Corresponding Aut	thor's Name
	A <del>lexa</del> Ultim	Nanna Martin Jer	nsen
5. Manuscript Title			
A Rehabilitation out-patient clinic fo	r cirrhotic patients	scharded after hepatic ence	phalopathy improves survival

#### Section 2.

#### The Work Under Consideration for Publication

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

The Work Under Consideration f	or Pub	lication		MAN A	C. LEWIS CO.	11 716
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>V</b>					×
						ADD
2. Consulting fee or honorarium	<b>V</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	1					×
the stady of other purposes						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
Visit District Special Control of Approach 2001 (1992) Propried 1						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>					×
Christensen						2



The Work Under Conside	ration for Pub	lication			1 10 10 10 10	3.7
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<b>✓</b>					×
						ADD

#### Section 3.

Relevant financial activities outside the submitted work.

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Relevant financial activities ou	tside th	e submiti	ted work	CYLOUIS DE		3
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Board membership	<b>V</b>					×
2. Consultancy	<b>V</b>					AD ×
3. Employment	<b>V</b>					AD:
4. Expert testimony	<b>V</b>					AD:
5. Grants/grants pending	<b>V</b>					ADI ×
6. Payment for lectures including service on speakers bureaus	<b>V</b>					ADI ×
7. Payment for manuscript preparation	<b>V</b>					ADI ×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Patents (planned, pending or issued)	<b>V</b>					F
Royalties	<b>✓</b>					A
Payment for development of educational presentations	<b>V</b>					-
. Stock/stock options	<b>V</b>					A
Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					
Other (err on the side of full disclosure)	<b>V</b>					A
For example, if you report a consultant of the c	cy above			el related to that consul	tancy on this line.	T)
re there other relationships or activ otentially influencing, what you wro				nave influenced, or th	at give the appearance o	of
No other relationships/condition:	s/circum	stances th	at present a pote	ntial conflict of intere	est	
Yes, the following relationships/c	onditio	ns/circums	tances are preser	t (explain below):		
t the time of manuscript acceptance	e. iourna	als will ask	authors to confir	m and, if necessary, u	ndate their disclosure sta	tem



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## 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Given Name (First Name)     Astrid Stidsing	<ol><li>Surname (Last Name)</li><li>Reher-Langberg</li></ol>	<ol> <li>Effective Date (07-August-20 30-December-2012</li> </ol>
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Nanna Martin Jensen
5. Manuscript Title Rehabilitation for cirrhotic patients di	scharged after hepatic en	cephalopaty improves survival
. Manuscript Identifying Number (if you		cephalopaty improves survival

## Section 2. The Work Under Consideration for Publication

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

The Work Under Consideration	for Pub	olication			-31 -0 - T-3	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>V</b>					×
						ADD
Consulting fee or honorarium	1					×
3.5						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>V</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
						ADD
Payment for writing or reviewing the manuscript	<b>V</b>					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	<b>V</b>					×
Reher-Langberg						2



The Work Under Consider	ration for Pul	blication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	1					×
						ADD

## Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities ou	tside th	e submit	ted work			10
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	1					×
2. Consultancy	<b>V</b>					ADD X
3. Employment	<b>V</b>					ADD X
4. Expert testimony	<b>V</b>					ADD ×
5. Grants/grants pending	1					ADD ×
Payment for lectures including service on speakers bureaus	<b>V</b>					ADD X
Payment for manuscript preparation	<b>V</b>					ADD ×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Hide All Table Rows Checked 'No'

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADI
<ol> <li>Patents (planned, pending or issued)</li> </ol>	<b>V</b>					×
						ADE
. Royalties	✓					×
. Payment for development of						ADE
educational presentations	<b>V</b>					×
						ADD
. Stock/stock options	✓					×
. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>V</b>					ADD ×
. Other (err on the side of full disclosure)	<b>V</b>					ADD ×
This means money that your institution For example, if you report a consultan	cy above t	for your effe there is no n	orts, need to report travel	related to that consult	ancy on this line.	ADD
re there other relationships or activ	ities that	readers co submitted	ould perceive to had work?	ave influenced, or tha	at give the appearance of	
otentially influencing, what you wro						
otentially influencing, what you wro	s/circums	stances tha	it present a poten	tial conflict of interes	t	

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Schiodt



Given Name (First Name) Frank Vinholt	<ol><li>Surname (Last Name)</li><li>Schiødt</li></ol>	3. Effective Date (07-August-2008 05-February-2013
4. Are you the corresponding author?	Yes VNo	Corresponding Author's Name Nanna Martin Jensen
5. Manuscript Title REHABILITATION FOR CIRRHOTIC PAT IMPROVES SURVIVAL	IENTS DISCHARGED AFTER I	HEPATIC ENCEPHALOPATY
6. Manuscript Identifying Number (if you UFL-01-13-0064	know it)	

## Section 2. The Work Under Consideration for Publication

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

The Work Under Consideration	for Pub	lication			THE DAY ST	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	$\checkmark$					×
2. Consulting fee or honorarium	<b>V</b>					ADD ×
Support for travel to meetings for the study or other purposes	<b>✓</b>					ADD
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>V</b>					ADD ×
Payment for writing or reviewing the manuscript	<b>✓</b>					ADD X
Provision of writing assistance, medicines, equipment, or administrative support	<b>V</b>					ADD ×



The Work Under Conside	ration for Pub	lication			J	NO.
Тург	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments	
/	_	_				ADD
7. Other	1					×
* This means money that your in	stitution received	forwarrat	Forte on this stand			ADD

## Relevant financial activities outside the submitted work.

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Relevant financial activities ou	tside th	e submitt	ted work		100000	-
Type of Relationship (in alphabetical order)	No		Money to Your Institution	Entity	Comments	
1. Board membership	<b>V</b>					×
2. Consultancy	<b>V</b>					ADD ×
3. Employment	1					ADD ×
4. Expert testimony	<b>✓</b>					ADD ×
5. Grants/grants pending	1					ADD
Payment for lectures including service on speakers bureaus	<b>✓</b>					ADD ×
Payment for manuscript preparation	1					ADB

<sup>\*\*</sup> Use this section to provide any needed explanation.



9. Royalties  10. Payment for development of educational presentations  11. Stock/stock options  12. Travel/accommodations/meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)  14. This means money that your institution received for your efforts.  15. For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.  16. Section 4. Other relationships  17. The tense of the relationships or activities that readers could perceive to have influenced, or that give the appearance of other tense of the relationships or activities that readers could perceive to have influenced, or that give the appearance of other relationships/conditions/circumstances that present a potential conflict of interest  18. Yes, the following relationships/conditions/circumstances are present (explain below):	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution	Entity	Comments	
10. Payment for development of educational presentations	Patents (planned, pending or issued)	<b>V</b>					At >
1. Stock/stock options 2. Travel/accommodations/meeting expenses unrelated to activities listed**  3. Other (err on the side of full disclosure)  This means money that your institution received for your efforts.  For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.  Section 4. Other relationships  rete there other relationships or activities that readers could perceive to have influenced, or that give the appearance of other relationships or activities that readers that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):	9. Royalties	<b>✓</b>					AE ×
2. Travel/accommodations/ meeting expenses unrelated to activities listed**  3. Other (err on the side of full disclosure)  This means money that your institution received for your efforts.  For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.  Section 4. Other relationships  The there other relationships or activities that readers could perceive to have influenced, or that give the appearance of stentially influencing, what you wrote in the submitted work?  No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):	Payment for development of educational presentations	<b>√</b>					AD ×
meeting expenses unrelated to activities listed**  3. Other (err on the side of full disclosure)  This means money that your institution received for your efforts. For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.  Section 4. Other relationships  The tense of the relationships or activities that readers could perceive to have influenced, or that give the appearance of the submitted work?  No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):	Stock/stock options	<b>V</b>					AD ×
This means money that your institution received for your efforts.  For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.  Section 4. Other relationships  the there other relationships or activities that readers could perceive to have influenced, or that give the appearance of other influencing, what you wrote in the submitted work?  No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):	meeting expenses unrelated to	<b>V</b>					AD ×
For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.  Section 4. Other relationships  The there other relationships or activities that readers could perceive to have influenced, or that give the appearance of other travel influencing, what you wrote in the submitted work?  No other relationships/conditions/circumstances that present a potential conflict of interest are present (explain below):		<b>V</b>					ADI
e there other relationships or activities that readers could perceive to have influenced, or that give the appearance of stentially influencing, what you wrote in the submitted work?  No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):	Por example, if you report a consultance	y above the	or your effort ere is no nee	s. ed to report travel	related to that consultar	ncy on this line.	ADI
No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):	e there other relationships or activit	ies that re	aders coul	d perceive to ha	ve influenced, or that	give the appearance of	300
the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements occasion, journals may ask authors to disclose further information about reported relationships.	No other relationships/conditions/	circumstanditions/c	inces that p	oresent a potent ces are present (	ial conflict of interest explain below);		



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Given Name (First Name)  Søren Starck	Surname (Last Name)     Aunt	3. Effective Date (07-August-2008 02-May-2013
4. Are you the corresponding author?		orresponding Author's Name Janna Martin Jensen
5. Manuscript Title Rehabilitation for cirrhotic patients di	scharged after hepatic encepha	lopaty improves survival

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					
2. Consulting fee or honorarium	1					ı
3. Support for travel to meetings for the study or other purposes	<b>V</b>					A
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>V</b>					A
5. Payment for writing or reviewing the manuscript	<b>V</b>					A
5. Provision of writing assistance, medicines, equipment, or administrative support	<b>V</b>					A



The Work Under Conside	ration for Pub	lication				
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	1					×
						ADD

## Section 3. Relevant financial activities outside the submitted work.

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	1					×
						ADI
. Consultancy	1					×
						ADI
. Employment	1					×
						ADD
. Expert testimony	1					×
		-				ADE
. Grants/grants pending	1					×
						ADD
. Payment for lectures including service on speakers bureaus	1					×
						ADE
. Payment for manuscript preparation	1	П				×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
3.	Patents (planned, pending or issued)	<b>V</b>				
).	Royalties	✓				
).	Payment for development of educational presentations	<b>/</b>				
١.	Stock/stock options	1				- 1
-	Travel/assessmentations/					
2	Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>V</b>				
3.	Other (err on the side of full disclosure)	<b>V</b>				
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## **Evaluation and Feedback**

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#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

#### Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

## 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Given Name (First Name)     Michala Maj Lyngsø	2. Surname (Last Name) Andersen	3. Effective Date (07-August-2008) 29-January-2013
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Nanna Martin Jensen
5. Manuscript Title REHABILITATION FOR CIRRHOTIC PAT IMPROVES SURVIVAL	IENTS DISCHARGED AFTER	HEPATIC ENCEPHALOPATY
6. Manuscript Identifying Number (if you UFL-01-13-0064	know it)	

## Section 2. The Work Under Consideration for Publication

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

The Work Under Consideration	for Pub	lication				CONT.
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>√</b>					×
2. Consulting fee or honorarium	<b>V</b>					ADD
Support for travel to meetings for the study or other purposes	<b>✓</b>					ADD ×
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					ADD ×
Payment for writing or reviewing the manuscript	<b>✓</b>					ADD ×
Provision of writing assistance, medicines, equipment, or administrative support	1					ADD
Andersen						2



Туре		Money to Your Institution*	Name of Entity	Comments**	
. Other	<b>V</b>				A

## Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Type of Relationship (in alphabetical order)		Money Paid to You	Maney to Your Institution*	Entity	Comments	
1. Board membership	1					
2. Consultancy	$\checkmark$					AD
3. Employment	1					AD ×
. Expert testimony	1					AD
. Grants/grants pending	$\checkmark$					AD ×
Payment for lectures including service on speakers bureaus	$\checkmark$					ADI X
Payment for manuscript preparation	<b>V</b>					ADI

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities ou  Type of Relationship (in alphabetical order)	No.	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	<b>V</b>					ADI
9. Royalties	1					ADI ×
Payment for development of educational presentations	<b>✓</b>					ADD ×
11. Stock/stock options	<b>V</b>					ADD ×
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					ADD ×
<ol> <li>Other (err on the side of full disclosure)</li> </ol>	<b>V</b>					ADD ×
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No other relationships/conditions/	circumsta nditions/o	inces that p	present a potent ces are present (	ial conflict of interest explain below):		
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