ICMJE Form for Disclosure of Potential Conflicts of Interest

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 six parts.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Frederik

2. Surname (Last Name)  
   Cold

3. Date  
   14-November-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

5. Manuscript Title  
   Age supplements the SOFA score as predictor of survival in advanced alcoholic liver cirrhosis

### 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.)?

Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
   [x] No
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Section 6. Disclosure Statement

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Dr. Cold has nothing to disclose.

Evaluation and Feedback

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Vinholt Schiødt
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Frank

2. Surname (Last Name)  
   Vinholt Schiødt

3. Date  
   14-November-2018

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

5. Manuscript Title  
   Age supplements the SOFA score as predictor of survival in advanced alcoholic liver cirrhosis

6. Manuscript Identifying Number (if you know it)

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Dr. Vinholt Schiødtt has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Frank Christian

2. Surname (Last Name)  
   Pott

3. Date  
   14-November-2018

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   Age supplements the SOFA score as predictor of survival in advanced alcoholic liver cirrhosis

6. Manuscript Identifying Number (if you know it)

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   Nina

2. **Surname (Last Name)**
   Strandkjær

3. **Date**
   14-November-2018

4. **Are you the corresponding author?**
   ✔ No  
   
5. **Manuscript Title**
   Age supplements the SOFA score as predictor of survival in advanced alcoholic liver cirrhosis

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

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Section 1. Identifying Information

1. Given Name (First Name)  Erik
2. Surname (Last Name)  Christensen
3. Date  14-November-2018
4. Are you the corresponding author?  Yes ✔ No

5. Manuscript Title
Age supplements the SOFA score as predictor of survival in advanced alcoholic liver cirrhosis

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Dr. Christensen has nothing to disclose.

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