Nam Nguyen, PhD

Science Editor

JoVE

1 Alewife Center, Suite 200

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March 28, 2016

Dear Dr. Nguyen,

Thank you for your comments and revisions.

1. We have taken this opportunity to thoroughly proofread the manuscript to ensure that there are no spelling or grammar issues. We understand that the JoVE editor will not copy-edit our manuscript and any errors in the submitted revision may be present in the published version.

2. We have used g instead of RPM for centrifugation speeds.

3. We apologize, but the incorrect figures were submitted for figures 1 and 2 and have been resubmitted correctly. Thank you for pointing out this error. The text explicitly describing Figure 13 was added back into the figure legend. Please let us know if there is a specific format we should have this in.

4.

- Reference 4 and 5 were reformatted

- IVC was defined at its’ first appearance (3.13) and later definitions were removed

- We apologize, but the incorrect figures were submitted for figures 1 and 2 and have been resubmitted correctly. Thank you for pointing out this error.

- In 3.2 and in all other appearances “mg” were converted to “g”

5.

- the “its’” on line 90 and 436 were changed to “its”

- the run-on sentence in 7.3 was corrected

- the error, “by manually by feeling it,” was changed to, “manually by feeling it”

- 3.8 description of how to place rib retractors was added

- 3.11 description of how to make a window was added

- 3.13 has been clarified

- 3.14 has been clarified

- 3.17 the catheter is inserted past the bifurcation of the right and left portal vein and this was added to this step, 3.18 also talks about positioning and confirmation of positioning

3.20 the infusion should be started as close as possible to the start of ischemia. This was added to this step.

5.1 this is one hour from the start of the ischemic time, this was added to this step

6.1 if there is continued bleeding then manual gentle pressure should be applied to the IVC with a sterile cotton swab or small section cut from gauze

7.3 the samples should be as large as possible and their size should be limited only by the amount of available liver tissue

8.2 The lysis buffer was the RIPA buffer from Millipore. Information regarding the type of buffer (RIPA) was added to this step. This is available from several manufacturers. It was also added to the equipment table.

6. q-tip was removed and replaced with sterile cotton swab

Thank you,

Dr. Eliza W. Beal and Dr. Sylvester M. Black