Recognized knowledge gaps where oral reference doses were unavailable, documenting limitations transparently.

What were the limitations?
The main limitations here include:

- **Missing RfDs for certain small molecules:** For some compounds, oral reference doses (RfDs) simply weren't available in the literature which made it impossible to calculate **Hazard Quotients (HQs)**, meaning no formal risk can be assigned for those compounds.

- **Assumptions for missing data:** The use of **average body weight (65 kg)** and fixed consumption rates assumes homogeneity across populations, which may not reflect actual dietary habits, especially for vulnerable groups like children or people with high seafood intake.

- **Estimation of country-specific squid consumption:** Squid consumption was estimated indirectly (AC * % squid landings), which despite being creative can introduce **model uncertainty** due to lack of direct consumption data.

- **Dry weight to wet weight assumptions (if any used):** Chemical concentrations were measured in dry tissue, but people consume seafood in its natural, moist (wet) form. To estimate real-world exposure, dry weight values must typically be converted to wet weight using an assumed moisture content. If this conversion is not based on accurate or documented values, it introduces uncertainty and may cause over- or underestimation of exposure levels compared to health guidelines, which are often based on wet weight.