

Instructions

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Royalties: Funds are coming in to you or your institution due to your

patent

Vallet-Pichard 1



| Section 1. | Identifying Inform | ation | | | | |
|---|--|--|--|---|------------------------|---------|
| 1. Given Name (Fi Anaïs | rst Name) | 2. Surname (La Vallet-Pichard | st Name) | 3. Da 08-De | te ecember-2015 | |
| 4. Are you the cor | e corresponding author? Yes V No Corresponding Author's Name MALLET Vincent | | | | | |
| 5. Manuscript Title Transmission of | e hepatitis E virus by plas | ma exchange to | a kidney transplant | recipient | | |
| 6. Manuscript Ider L15-0502 | ntifying Number (if you kn | ow it) | | | | |
| | l | | | | | |
| Section 2. | The Work Under Co | onsideration f | or Publication | | | |
| any aspect of the s statistical analysis, Are there any rel | titution at any time recei ubmitted work (including etc.)? evant conflicts of intere | but not limited to | | | | c.) for |
| Section 3. | Relevant financial | activities out | ide the submitted | l work. | | |
| of compensation clicking the "Add Are there any rel | the appropriate boxes in) with entities as descri +" box. You should rep evant conflicts of intere out the appropriate info | bed in the instroport relationshipest? Yes ormation below. | uctions. Use one line is that were present No | for each entity; add as during the 36 months | many lines as you need | |
| Name of Entity | | Grant? Pers | onal Non-Financia | Other? Comment | ts . | |
| Gilead | | | | speaker | | |
| BMS | | | | speaker | | |
| Janssen | | | | Speaker and | board | |
| MSD | | | | Speaker | | |
| Abbvie | | | | Speaker | | |
| Roche | | | | Speaker | | |

Vallet-Pichard 2



| Section 4. Intellectual Property Patents & Copyrights |
|--|
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo |
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| Dr. Vallet-Pichard reports personal fees from Gilead, personal fees from BMS, personal fees from Janssen, personal fees from MSD, personal fees from Abbvie, personal fees from Roche, outside the submitted work; . |

Evaluation and Feedback

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Vallet-Pichard 3



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Mallet 1



Identifying Information

Section 1.

1. Given Name (First Name)

ICMJE Form for Disclosure of Potential Conflicts of Interest

2. Surname (Last Name)

3. Date

| vincent | Mallet | | | | 08-December-2015 | | |
|---|--|-----------------------|-----------------------|-----------|-------------------------------------|---------|--|
| 4. Are you the corresponding author? | ✓ Yes | No | | | | | |
| 5. Manuscript Title Transmission of hepatitis E virus by plasma exchange to a kidney transplant recipient | | | | | | | |
| 6. Manuscript Identifying Number (if you kno L15-0502 | ow it) | | | | | | |
| Section 2. The Work Under Co | nsideratior | n for Pu | ıblication | | | | |
| Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interests | but not limited | d to grant | | | | c.) for | |
| Section 3. Relevant financial a | ictivities ou | ıtside t | he submitted v | work. | | | |
| Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest lf yes, please fill out the appropriate information. | oed in the instored ort relationships: st? Yes | truction nips that | s. Use one line fo | r each en | tity; add as many lines as you need | d by | |
| Name of Entity | Grant• | rsonal ees? | Non-Financial Support | Other? | Comments | | |
| Gilead | | ✓ | ✓ | | | | |
| Abbvie | | \checkmark | | | | | |
| MSD | | ✓ | \checkmark | | | | |
| JJ/Janssen-Cilag | | ✓ | \checkmark | | | | |
| Bristol Myers Squibb | | √ | | | | | |
| Novartis | | ✓ | | | | | |
| Roche | | ✓ | | | | | |
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Mallet 2



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patent

Sberro-Soussan 1



| Section 1. Identifying | g Information | | | |
|---------------------------------------|--|---|--|--|
| 1. Given Name (First Name) Rebecca | 2. Surname (Last Name) Sberro-Soussan | 3. Date 10-December-2015 | | |
| 4. Are you the corresponding aut | hor? Yes V No | Corresponding Author's Name Mallet Vincent | | |
| 5. Manuscript Title | | | | |
| 6. Manuscript Identifying Numbe | r (if you know it) | | | |
| Section 2. The Work l | Inder Consideration for Publi | cation | | |
| | (including but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, | | |
| Section 3. Relevant fi | nancial activities outside the | submitted work. | | |
| of compensation) with entities | as described in the instructions. Us hould report relationships that we | nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication . | | |
| Section 4. Intellectua | l Property Patents & Copyri | ghts | | |
| Do you have any patents, whe | ther planned, pending or issued, b | roadly relevant to the work? Yes V No | | |

Sberro-Soussan 2



| Section 5. Relationships not solvered above | | | | | |
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| Dr. Sberro-Soussan has nothing to disclose. | | | | | |

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Sberro-Soussan 3



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Pol 1



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|---|---------------------------|--------------------------------------|--|--|------------|--|--------|--|
| 1. Given Name (Fir Stanislas | st Name) | 2. Surnai Pol | me (Last Nan | ne) | | 3. Date 21-January-2016 | | |
| 4. Are you the corr | esponding author? | Yes | √ No | Corresponding Author's Name | | | | |
| 5. Manuscript Title Transmission of hepatitis E virus by plasma exchange to a kidney transplant recipient" | | | | | | | | |
| 6. Manuscript Iden L15-0502 | tifying Number (if you kr | now it) | | | | | | |
| | | | | | | | | |
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| any aspect of the su statistical analysis, o Are there any rele | ubmitted work (including | but not lin | nited to gran | | | ent, commercial, private foundation, etc. udy design, manuscript preparation, | ,, 101 | |
| Section 3. | Relevant financial | activities | s outside t | the submitted | work. | | | |
| of compensation clicking the "Add Are there any rele |) with entities as descri | ibed in the port relation est? | e instructior onships that Yes I pelow. | ns. Use one line fo t were present d No | or each er | cial relationships (regardless of amountity; add as many lines as you need e 36 months prior to publication. | | |
| Name of Entity | | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | | |
| BMS | | | ✓ | | | Advisory board and speaker | | |
| Gilead | | | ✓ | | | Advisory board and speaker | | |
| MSD | | | ✓ | | | Advisory board and speaker | | |
| lanssen | | | \checkmark | | | Advisory board and speaker | | |
| Novartis | | | \checkmark | | | Advisory board and speaker | | |
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Roque-Afonso 1



| Section 1. Ide | entifying Informat | ion | | | | |
|--|------------------------------------|---|---|--|--|--|
| 1. Given Name (First Na Anne-Marie | | |) | 3. Date 09-December-2015 | | |
| 4. Are you the correspo | ou the corresponding author? Yes V | | Corresponding Author's Na | Corresponding Author's Name | | |
| 5. Manuscript Title Transmission of hepa | atitis E virus by plasma | a exchange to a kidn | ey transplant recipient | | | |
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| Section 2. The | e Work Under Con | sideration for Pul | olication | | | |
| any aspect of the submistatistical analysis, etc.) | itted work (including bu | it not limited to grants | , data monitoring board, study de | mmercial, private foundation, etc.) for esign, manuscript preparation, | | |
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| of compensation) wit clicking the "Add +" k | th entities as describe | d in the instructions t relationships that v | Use one line for each entity; a vere present during the 36 n | ationships (regardless of amount add as many lines as you need by nonths prior to publication. | | |
| Section 4. | alla etcal Duan autor | Datanta 9 Carre | wia bio | | | |
| Int | ellectual Property | Patents & Copy | rights | | | |
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Roque-Afonso 2



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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Roque-Afonso 3