

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.

2. 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". Then 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.



Section 1.	Identifying Inforr	mation						
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Soriano	3. Effective Date (07-August-2008) 21-April-2013					
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Mark Sulkowski					
5. Manuscript Title Telaprevir in combination with peginterferon and ribavirin for chronic HCV Genotype 1 infection in HIV-infected patients								
6. Manuscript Ider M13-0291	ntifying Number (if you k	now 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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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



The Work Under Consideration for Publication							
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

Section 3.

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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending			\checkmark	Merck, Gilead, Janssen, Viiv		×		
						ADD		
Payment for lectures including service on speakers bureaus		\checkmark		Gilead, Boehringer, Janssen, Merck		×		
						ADD		
Payment for manuscript preparation	✓					×		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
Patents (planned, pending or issued)	✓					×		
						ADD		
9. Royalties	\checkmark					×		
				Janeson Ciland		ADD		
10. Payment for development of educational presentations		✓		Janssen, Gilead, Boehringer, Abbott, Merck		×		
						ADD		
11. Stock/stock options	✓					×		
40 - 1/						ADD		
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×		
						ADD		
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 relationsl	nips							
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 On occasion, journals may ask author						ements.		

Soriano

SAVE

Hide All Table Rows Checked 'No'



Evaluation and Feedback

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



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.

1. 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.

2. 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". Then 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.



Section 1.	Identifying Inform	mation		
1. Given Name (Fi Scott	rst Name)	2. Surname (Last Name) McCallister		3. Effective Date (07-August-2008) 22-April-2013
4. Are you the corresponding author?		Yes No Corresponding Author's N Mark Sulkowski		e
5. Manuscript Titl	e			
Telaprevir in cor	nbination with pegint	erferon and ribavirin for ch	ronic HCV Genotype 1 infecti	on in HIV-infected patients
6. Manuscript Ide M13-0291	ntifying Number (if you k	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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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



The Work Under Consideration for Publication							
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

Section 3.

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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy	\checkmark					×		
						ADD		
3. Employment		✓		Vertex was my primary employer at the time this work was done.		×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	\checkmark					×		
						ADD		
Payment for lectures including service on speakers bureaus	✓					×		
						ADD		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
7. Payment for manuscript preparation	✓					×		
						ADD		
Patents (planned, pending or issued)	✓					×		
						ADD		
9. Royalties	✓					×		
						ADD		
Payment for development of educational presentations	✓					×		
						ADD		
11. Stock/stock options		✓		As a Vertex employee, I was compensated with stock and stock options.		×		
						ADD		
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×		
						ADD		
Other (err on the side of full disclosure)	✓					×		
						ADD		
* This means money that your institution	received	for your ef	forts.					

Section 4.

Other relationships

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?

		1	No othe	r relationsh	ips/conditions/	circumstances that	present a	potential con	flict of interest
--	--	---	---------	--------------	-----------------	--------------------	-----------	---------------	-------------------

Yes, the following relationships/conditions/circumstances are present (explain below):

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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.

Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

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



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.

2. 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". Then 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.



Section 1.	Identifying Infor	mation						
1. Given Name (Fi Douglas	rst Name)	2. Surname (Last Name) Dieterich		3. Effective Date (07-August-2008) 23-April-2013				
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Mark Sulkowski	me				
5. Manuscript Title Telaprevir in combination with peginterferon and ribavirin for HCV in HIV patients								
6. Manuscript Ide	ntifying Number (if you l	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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	Vertex	Clinical Trial payments	×
						ADD
2. Consulting fee or honorarium		\checkmark		Vertex		×
2. Consulting fee or honorarium		✓		Gilead		×
2. Consulting fee or honorarium		✓		Boehringer Ingelheim		×
2. Consulting fee or honorarium		✓		Idenix		×
2. Consulting fee or honorarium		✓		Merck		×
2. Consulting fee or honorarium		✓		BMS		×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×



The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×
						ADD
7. Other	✓					×
						ADD

^{*} This means money that your institution received for your efforts on this study.

Section 3. 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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						AD
2. Consultancy	\checkmark					×
						AD
3. Employment	\checkmark					×
						AD
4. Expert testimony	✓					>

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending	√					×
						ADI
6. Payment for lectures including service on speakers bureaus		✓		Merck		×
6. Payment for lectures including service on speakers bureaus		✓		Gilead		×
						ADI
Payment for manuscript preparation	✓					×
						ADI
8. Patents (planned, pending or issued)	✓					×
						ADI
9. Royalties	✓					×
						AD
 Payment for development of educational presentations 	✓					×
						AD
11. Stock/stock options	✓					×
						AD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						AD
13. Other (err on the side of full disclosure)	✓					×
						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									
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?									
No other rela	No other relationships/conditions/circumstances that present a potential conflict of interest									
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):									
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.									
	Hide All Table Rows Checked 'No'									

Evaluation and Feedback

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



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.

2. 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". Then 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.



Section 1.	Identifying Inforr	nation		
1. Given Name (Fi Varun	rst Name)	2. Surname (Last Name) Garg		3. Effective Date (07-August-2008) 23-April-2013
4. Are you the corresponding author?		☐ Yes ✓ No	ame	
5. Manuscript Title Telaprevir in cor HIV-infected pat	nbination with peginte	erferon and ribavirin for ch	ronic HCV Genotype 1 infec	ction in HCV-treatment-naïve,
6. Manuscript Ide M13-0291	ntifying Number (if you k	now 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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	\checkmark					×
						ADD
3. Support for travel to meetings for the study or other purposes		✓		Vertex Pharmaceuticals, Inc.	I am an employee and shareholder of Vertex	×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication								
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		✓					×	
							ADD	

Section 3. 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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment		✓		Vertex Pharmaceuticals, Inc.	I am an employee and shareholder of Vertex.	×
						ADD
4. Expert testimony	√					×
						ADD
5. Grants/grants pending	√					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities ou	ıtside the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	\checkmark			Vertex Pharmaceuticals, Inc.	Patents Pending	×
						ADD
9. Royalties	\checkmark					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options		✓		Vertex Pharmaceuticals, Inc.	I am an employee and shareholder of Vertex	×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**		✓		Vertex Pharmaceuticals, Inc.	I am an employee and shareholder of Vertex	×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consulta				ravel related to that consul	tancy on this line.	
Section 4. Other relation						
Other relation	ships					

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.

Show All Table Rows

SAVE



Evaluation and Feedback

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



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.

2. 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". Then 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.



Section 1.	Identifying Info	rmation	
1. Given Name (Fi Jürgen	rst Name)	2. Surname (Last Name) Rockstroh	3. Effective Date (07-August-2008) 23-April-2013
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Telaprevir in con		terferon and ribavirin for chronic HCV Ger	notype 1 infection in HIV-infected patients
6. Manuscript Idei M13-0291	ntifying Number (if you	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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other	✓					×			
						ADD			

Section 3.

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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership		✓		Advisory board membership: Abbott, Bionor, BMS, Boehringer Ingelheim, Gilead, GSK, Merck, Novartis, Pfizer, Roche, Tibotec and ViiV		×			
						ADD			
2. Consultancy		✓		Abbott, Bionor, BMS, Boehringer Ingelheim, Gilad, GSK, Merck, Novartis, Pfizer, Roche, Tibotec and ViiV		×			
						ADD			
3. Employment	✓					×			
						ADD			
4. Expert testimony	✓					×			
						ADD			

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activitie	es outside the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending			✓	Abbott, Merck, Roche		×
						ADD
Payment for lectures include service on speakers bureau						×
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending issued)	or 🗸					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development educational presentations	of	✓		Abbott, Viral Ed, Weber Shandwick		×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelate activities listed**	ed to					×
						ADD
13. Other (err on the side of ful disclosure)	II 🗸					×
						ADD
* This magns manay that your ins	titution received	for vour of	forts			

Section 4. Other relationships

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 be	low):
---	-------

^{*} 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.



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.

Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

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



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.

2. 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". Then 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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Raymond	rst Name)	2. Surname (Last Name) Rubin		3. Effective Date (07-August-2008) 19-April-2013
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Mark Sulkowski	ame
5. Manuscript Title Telaprevir in cor		terferon and ribavirin for cl	nronic HCV Genotype 1 infe	ction in HIV-infected patients
6. Manuscript Ide M13-0291	ntifying Number (if you	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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other		✓		Vertex Pharmaceuticals	I work for the Sponsor Pharmaceutical company	×			
						ADD			

Section 3. 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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment		✓		Vertex Pharmaceuticals	I work for the Sponsor Pharmaceutical company	×		
						ADD		
4. Expert testimony	\checkmark					×		
						ADD		
5. Grants/grants pending	\checkmark					×		
						ADD		
Payment for lectures including service on speakers bureaus	✓					×		
						ADD		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	\checkmark					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options		✓		Vertex Pharmaceuticals	Yes	×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. 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 relationsh	nips					

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.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

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



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.

2. 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". Then 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.



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Mark	rst Name)	2. Surname (Last Name) Sulkowski	3. Effective Date (07-August-2008) 23-April-2013
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title "Telaprevir in co		nterferon and ribavirin for chronic HCV Genc	otype 1 infection in HIV-infected patients"
6. Manuscript Idea M13-0291	ntifying Number (if you	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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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



The Work Under Consideration for Publication									
Туј	pe No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other	\checkmark					×			
						ADD			

Section 3. 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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					
						F
2. Consultancy		\checkmark		AbbVie, BIPI, BMS, Gilead, Idenix, Janssen, Merck		
						F
3. Employment	✓					
						F
4. Expert testimony	✓					
						F
5. Grants/grants pending			\checkmark	AbVie, BIPI, BMS, Gilead, Janssen, Merck		
						F
6. Payment for lectures including service on speakers bureaus	✓					
						P

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
7. Payment for manuscript preparation	✓					×		
						ADD		
Patents (planned, pending or issued)	✓					×		
						ADD		
9. Royalties	✓					X		
						ADD		
Payment for development of educational presentations	√					×		
						ADD		
11. Stock/stock options	✓					X		
						ADD		
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×		
						ADD		
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								
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.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

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



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.

2. 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". Then 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.

Mahnke 1



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Lisa	rst Name)	2. Surname (Last Name) Mahnke		3. Effective Date (07-August-2008) 23-April-2013
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nar Mark Sulkowski	me
5. Manuscript Title Telaprevir in cor		terferon and ribavirin for c	nronic HCV Genotype 1 infec	tion in HIV-infected patients"
6. Manuscript Ide M13-0291	ntifying Number (if you	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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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



The Work Under Consideration for Publication							
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

Section 3.

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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment		✓		Vertex Pharmaceuticals	Full time employee in R&D working with medical writing colleagues	×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	\checkmark					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options		✓		Vertex Pharmaceuticals	Stock and Stock options as part of employment compensation	×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	

Section 4.

Other relationships

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/co	nditions/circumstan	ces that present a	potential o	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.

Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

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



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.

1. 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.

2. 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". Then 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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi SHAHIN	rst Name)	2. Surname (Last Name) GHARAKHANIAN		3. Effective Date (07-August-2008) 24-April-2013
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Na	me
5. Manuscript Title Telaprevir in con		erferon and ribavirin for ch	ronic HCV Genotype 1 infec	ction in HIV-infected patients
6. Manuscript Idei M13-0291	ntifying Number (if you l	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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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



The Work Under Consideration for Publication							
	Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other							×
							ADD

Section 3. Relevant

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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	\checkmark					×
						ADD
Payment for development of educational presentations	\checkmark					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance		•		ravel related to that consul	tancy on this line	

Section 4.	Other relationships					
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 rela	tionships/conditions/circumstances that present a potential conflict of interest					
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):					
FULL TIME EMPLO concerning this r	OYEE (and stockholder) of VERTEX PHARMACEUTICALS, Inc (Cambridge MA, USA) at time of the work nanuscript.					



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.

Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

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



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.

1. 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". Then 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.



Section 1.	Identifying Infor	mation			
1. Given Name (Fi Kenneth	rst Name)	2. Surname (Last Name) Sherman		3. Effective Date (07-August-2008) 19-April-2013	
4. Are you the corresponding author?		☐ Yes 🗸 No	Corresponding Author's Name Mark Sulkowski, MD		
5. Manuscript Title Telaprevir in cor		erferon and ribavirin for cl	nronic HCV Genotype 1 infec	ction in HIV-infected patients	
6. Manuscript Ide M13-0291	ntifying Number (if you l	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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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



The Work Under Consideration for Publication							
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

Section 3.

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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	tside the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy		✓		Anadys, Abbott, BMS, Merck (Schering), Vertex, Baxter, GSK, Kadmon, Genentech/ Roche Molecular, SciClone, MedPace, Fibrogen	Serve intermittently on Advisory Boards	×
						ADD
3. Employment		✓		University of Cincinnati/UCHealth		×
						ADD
4. Expert testimony	\checkmark					×
						ADD

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending			√	Abbott, BMS, Gilead, Roche (Genentech) Merck(Schering), Anadys, GSK, Human Genome Sciences, SciClone, Vertex	Clinical trials contracts	×
6. Payment for lectures including						ADD
service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)		\checkmark		U.S. Army, University of Cincinnati		×
						ADD
9. Royalties		✓		U.S. Army; UpToDate; Springer Publishing		×
						ADD
Payment for development of educational presentations		✓		Rush Univ. Simply Speaking		×
				[M.D., all Link		ADD
11. Stock/stock options		✓		McDonalds, Intel, Conoco Phillips, Walmart, Pepsico, Duke Energy; US Steel		×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)		✓		DSMB for Tibotec/ Janssen and MedPace; End Point Adjudication for Pfizer		×
						ADD

^{*} 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.



Continue A	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
	Hide All Table Rows Checked 'No'

Evaluation and Feedback

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



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.

2. 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". Then 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.



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Nathalie	rst Name)	2. Surname (Last Name) Adda	3. Effective Date (07-August-2008) 19-April-2013
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Mark Sulkowski
5. Manuscript Title	9		
"Telaprevir in co	mbination with pegin	terferon and ribavirin for o	chronic HCV Genotype 1 infection in HIV-infected patients"
6. Manuscript Idea M13-0291	ntifying Number (if you l	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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

Section 3. 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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options		✓		ESPP		×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consu	ltancy on this line.	

Section 4.	
Section 4.	Other relationships
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	ntionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

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



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.

2. 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". Then 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.



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Mohammad	rst Name)	2. Surname (Last Name) Bsharat	3. Effective Date (07-August-2008) 19-April-2013
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title "Telaprevir in co		nterferon and ribavirin for chronic HCV Genoty	oe 1 infection in HIV-infected patients"
6. Manuscript Ide	ntifying Number (if you	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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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



The Work Und	ler Consideration 1	or Pub	lication				
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

Section 3. Role

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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment		\checkmark		Vertex Pharmaceuticals Inc.		×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options		✓		Vertex Pharmaceuticals Inc.		×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	

Section 4. Other relationships

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.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

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



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.

1. 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.

2. 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". Then 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.



Section 1.	Identifying Infor	mation	
1. Given Name (F Joshu		2. Surname (Last Name) Henshav***	3. Effective Date (07-August-2008) 24 - April - 2013
4. Are you the co	rresponding author?	Yes No	
5. Manuscript TitlTelapre6. Manuscript IdeM13 - c	vir in combination	ution with peginterferon and knowith genutype I infecti	l ribavirin for chronic HeV on in HEV-infected putients

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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

for Pub	lication				HI THE
No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
X					×
					ADD
X					×
					ADD
					×
					ADD
					×
					ADD
Ø					×
					ADD
K		□		794	×
		No Paid to You	No Paid Your to Your to Your Institution*	No Paid Your Name of Entity No Paid to You Institution* Name of Entity Name of	Money Money to Your to You Institution*



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

Section 3. 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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership						×
						AE
2. Consultancy						>
						AE
3. Employment				Vertex Phurmacestical	2) >
						AE
4. Expert testimony						>
	t1					AE
6. Grants/grants pending	X					>
Discourse of the last way to all all and						AE
 Payment for lectures including service on speakers bureaus 	区					>
						ΑE
7. Payment for manuscript preparation	冈					>

^{*} This means money that your institution received for your efforts on this study.

^{**} 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	
8. Patents (planned, pending or issued)						AE >
						A
. Royalties						AE
D. Payment for development of educational presentations						>
. Stock/stock options				Vertex Pharmaeutican		AI
		1		VENTOX TOUR DISCON	.1	A
 Travel/accommodations/ meeting expenses unrelated to activities listed** 						>
0.00						AD
. Other (err on the side of full disclosure)	X					>
This means money that your institution * For example, if you report a consultance Section 4. Other relations	cy above			ravel related to that consultar	ncy on this line.	A

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.

Hide All Table Rows Checked 'No'



Evaluation and Feedback

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



TUSH GHOTH

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

Identifying information.

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

The work under consideration for publication.

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

Relevant financial activities outside the submitted work

entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer. about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with 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 This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to

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

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

4. Other relationships.

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

adiwijaya



Section 1. Identifying Information	mation	
1. Given Name (First Name) bambang	2. Surname (Last Name) adiwijaya	3. Effective Date (07-August-2008) 24-April-2013
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Sulkowski
5. Manuscript Title Telaprevir in combination with pegint	terferon and ribavirin for chr	5. Manuscript Title Telaprevir in combination with peginterferon and ribavirin for chronic HCV Genotype 1 infection in HIV-infected patients
6. Manuscript Identifying Number (if you know it)	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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication	or Pub	lication				
Туре	N _o	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<					×
						ADD
2. Consulting fee or honorarium	<					×
2 Compart forting to marking for						ADD
Support for travel to meetings for the study or other purposes	<					×
Fees for participation in review						ADD
activities such as data monitoring boards, statistical analysis, end point committees, and the like	<					×
5 Daymont for writing or roviousing						ADD
 Payment for Writing or reviewing the manuscript 	<					×
						ADD
 b. Provision of writing assistance, medicines, equipment, or administrative support 	<					×

adiwijaya 2



The Work Under Consideration for Publication	for Puk	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<					×
* 1						MEN

Section 3. 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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button

Payment for lectures including service on speakers bureaus	5. Grants/grants pending	4. Expert testimony	3. Employment	2. Consultancy	1. Board membership	Type of Relationship (in alphabetical order)	Relevant financial activities outside the submitted work
<	<	<		<	<	No	side th
						Money Paid to You	e submitt
						Money to Your Institution*	ed work
			Vertex pharmaceuticals, Inc.			Entity	
			Previous employment with Vertex Pharmaceuticals, Inc.			Comments	
ADD X	×	g × b	×	ADD X	×		

adiwijaya w

^{*} This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work	ide the	submitte	ed work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation						×
8. Patents (planned, pending or]]			ADD
8. Patents (planned, pending or issued)						×
9. Royalties	<u> </u>					× ADD
						ADD
Payment for development of educational presentations	<					×
11. Stock/stock options				Vertex	Previous employment with Vertex	× App
; ;					Pharmaceuticals Inc	ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<					×
						ADD
13. Other (err on the side of full disclosure)	<					×
4						ADD

Section 4. Other relationships

potentially influencing, what you wrote in the submitted work? Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of

S
Ō
<u> </u>
=
10
7
2
===
0
Ξ
5
ㅁ.
Ś
Ü,
윽
ಷ
≕
Θ.
Š
/2
Ω.
\overline{a}
3
St
<u> </u>
\preceq
'n
5
\rightarrow
라
0
ž
S
<u>e</u>
≓
ы
ō
2
œ.
크
9.
=
0
Ĭ.
===
H
0
Ξ,
ŧ
Ē
lo other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

adiwijaya D

^{*} 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.



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.

Hide All Table Rows Checked 'No'

TABLE

Evaluation and Feedback

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

adiwijaya

U



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.

2. 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.

Section 1.	Identifying Infor	mation		
1. Given Name (Fi Pierre-Marie	rst Name)	2. Surname (Last Name) GIRARD		3. Effective Date (07-August-2008) 25-April-2013
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Na Mark SULKOWSKI	me
5. Manuscript Title Telaprevir in con		erferon and ribavirin for ch	nronic HCV Genotype 1 infec	ction in HIV-infected patients
6. Manuscript Ide M13-0291	ntifying Number (if you	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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Pub	lication				
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**	

^{*} This means money that your institution received for your efforts on this study.

Section 3.

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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work

^{**} 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	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership		✓		MSD, JANSSEN, BMS, GILEAD, ABBOTT		;
				DOCUE CUEAD		Al
. Grants/grants pending			\checkmark	ROCHE, GILEAD		AI
. Payment for lectures including service on speakers bureaus		✓		BMS, JANSSEN, ViiV, ABBOTT		;
						ΑI
Payment for development of educational presentations		✓		BMS, JANSSEN, ViiV		>
This means money that your institutior * For example, if you report a consultan				ravel related to that consult	ancy on this line.	Al

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
	Show All Table Rows SAVE



Evaluation and Feedback

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