



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

#### 1. Identifying information.

#### 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".

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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



# INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ding-Shinn

2. Surname (Last Name)  
Chen

3. Date  
14-October-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jia-Horng Kao

5. Manuscript Title

Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Na\_\_ve Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)

M13-0989

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### 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 publication.**

Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5. Relationships not covered above

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?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Chen has nothing to disclose

### Evaluation and Feedback

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

  
Ding-Shinn Chen, M.D.  
Professor of Medicine

Oct 14, 2013

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### Section 1. Identifying Information

1. Given Name (First Name)  
Chen-Hua

2. Surname (Last Name)  
Liu

3. Date  
30-September-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jia-Horng Kao

5. Manuscript Title  
Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naïve Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial

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#### 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.

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#### 3. Relevant financial activities outside the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Pei Jer
2. Surname (Last Name)  
Chen
3. Effective Date (07-August-2008)  
01-December-2012
4. Are you the corresponding author?  Yes  No Corresponding Author's Name  
Tao
5. Manuscript Title  
Phase 2 Trials of Linifanib in Advanced Solid Tumors: Associations of Response by CT, DCE-MRI and FDG-PET with Patient Outcomes
6. Manuscript Identifying 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 Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roche		X
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BMS		X
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J & J		X
						ADD
2. Consulting fee or honorarium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BMS	Speaker	X
2. Consulting fee or honorarium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roche		X
2. Consulting fee or honorarium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bayer		X
2. Consulting fee or honorarium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MSD		X
2. Consulting fee or honorarium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Taiha		X
						ADD
3. Support for travel to meetings for the study or other purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BMS		X
3. Support for travel to meetings for the study or other purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medigen		X
						ADD



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The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GSK		X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

### Section 3. Relevant financial activities outside the submitted work.

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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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BMS	Ad hoc HBV	X
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roche Taiwan	Ad hoc	X
						ADD
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MSD		X
						ADD

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BMS		X
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BMS China		X
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bayer		X
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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?

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Hide All Table Rows Checked 'No'

SAVE

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### Section 1. Identifying Information

1. Given Name (First Name)  
Hung-Chih

2. Surname (Last Name)  
Yang

3. Date  
03-October-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jia-Horng Kao

5. Manuscript Title  
"Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naïve Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial"

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Dr. Yang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Peir-Haur

2. Surname (Last Name)

Hung

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Kao JH

5. Manuscript Title

Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naive Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Wan-Long

2. Surname (Last Name)  
Chuang

3. Date  
30-September-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jia-Hong Kao

5. Manuscript Title  
Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naive Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial

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M13-0989

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Dr. Chuang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jee-Fu

2. Surname (Last Name)

Huang

3. Date

30-September-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jia-Horng Kao

5. Manuscript Title

Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naïve Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial

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M13-0989

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Dr. Huang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Tung-Hung	2. Surname (Last Name) Su	3. Date 30-September-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jia-Horng Kao
5. Manuscript Title Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naïve Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial		
6. Manuscript Identifying Number (if you know it) M13-0989		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Su has nothing to disclose.

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1. Given Name (First Name) Chung-Feng	2. Surname (Last Name) Huang	3. Date 30-September-2013
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5. Manuscript Title Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naive Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jia-Horng

2. Surname (Last Name)

Kao

3. Date

01-October-2013

4. Are you the corresponding author?

Yes  No

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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?

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### Section 6. Disclosure Statement

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Dr. Kao has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Other:** Anything not covered under the previous three boxes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Meng-Kun

2. Surname (Last Name)

Tsai

3. Date

01-October-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jia-Horng Kao

5. Manuscript Title

Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Na?ve Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Shih-I	2. Surname (Last Name) Chen	3. Date 04-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Prof. Jia-Horng Kao
5. Manuscript Title Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naïve Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial		
6. Manuscript Identifying Number (if you know it) M13-0989		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Chen has nothing to disclose.

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) MING-LUNG      2. Surname (Last Name) YU      3. Date 03-October-2013

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naïve Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)  
M13-0989-R3

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?     Yes     No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck Sharp & Dohme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
Abbott	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
Roche	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board
Bristol-Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GlaxoSmithKline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gilead Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory board

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

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Dr. YU reports personal fees and other from Merck Sharp & Dohme, grants and personal fees from Abbott, personal fees and other from Abbvie, grants, personal fees and other from Roche, personal fees from Bristol-Myers Squibb, personal fees from GlaxoSmithKline, personal fees from Novartis, personal fees from Gilead Sciences, other from Boehringer Ingelheim, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jou-Wei

2. Surname (Last Name)

Lin

3. Date

09-October-2013

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

CHK

5. Manuscript Title

Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Na?e Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)

M13-0989

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sheng-Shun	2. Surname (Last Name) Yang	3. Date 09-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JH Kao
5. Manuscript Title Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naive Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial		
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Are there any relevant conflicts of interest?  Yes  No

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### Section 6. Disclosure Statement

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No conflict of interest to declare.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Chun-Jen	2. Surname (Last Name) Liu	3. Date 11-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jia-Horng Kao
5. Manuscript Title Peginterferon alfa-2a with or without low-dose ribavirin for treatment-naive hemodialysis hepatitis C virus genotype 1 patients: A randomized controlled trial		
6. Manuscript Identifying 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 (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Liu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Cheng-Chao

2. Surname (Last Name)  
Liang

3. Date  
03-October-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jia-Horng Kao

5. Manuscript Title  
Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naïve Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)  
M13-0989

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Liang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hung-Bin	2. Surname (Last Name) Tsai	3. Date 05-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jia-Horng Kao
5. Manuscript Title Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naïve Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial		
6. Manuscript Identifying Number (if you know it) M13-0989		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Chia-Yen

2. Surname (Last Name)

Dai

3. Date

11-October-2013

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Jia-Horng Kao

5. Manuscript Title

Peginterferon Alfa-2a with or without Low-dose Ribavirin for Treatment-Naïve Hemodialysis Hepatitis C Virus Genotype 1 Patients: A Randomized, Controlled Trial

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M13-0989

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