

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.

5. Relationships not covered above.

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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) Arthur 2. Surname (Last Name) Kim 3. Date 09-June-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates

6. Manuscript Identifying Number (if you know it)
M14-2939

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bristol-Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Advisory Board
Abbvie Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Advisory Board
Gilead Sciences	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Advisory Board

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Are there any relevant conflicts of interest? Yes No

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Dr. Kim reports grants from National Institutes of Health, personal fees from Bristol-Myers Squibb, grants and personal fees from Abbvie Pharmaceuticals, grants and personal fees from Gilead Sciences, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Georg	2. Surname (Last Name) Lauer	3. Date 07-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arthur Kim
5. Manuscript Title Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates		
6. Manuscript Identifying Number (if you know it)		

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Dr. Lauer has nothing to disclose.

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1. Given Name (First Name) Alfred	2. Surname (Last Name) DeMaria	3. Date 07-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arthur Kim
5. Manuscript Title Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates		
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Section 1. Identifying Information

1. Given Name (First Name) Noelle	2. Surname (Last Name) Cocoros	3. Date 08-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arthur Kim
5. Manuscript Title Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates		
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5. Manuscript Title Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates		
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Ms. Barton has nothing to disclose.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Melinda

2. Surname (Last Name)

Bowen

3. Date

08-June-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

"Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates"

6. Manuscript Identifying Number (if you know it)

M14-2939

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

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Dr. Bowen has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) JASNEET	2. Surname (Last Name) ANEJA	3. Date 08-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ARTHUR Y. KIM
5. Manuscript Title Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates		
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

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Dr. ANEJA has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gillian	2. Surname (Last Name) Haney	3. Date 10-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arthur Kim
5. Manuscript Title Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates		
6. Manuscript Identifying Number (if you know it) M14-2939		

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

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Ms. Haney 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) Barbara

2. Surname (Last Name) McGovern

3. Date 15-June-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name Arthur Kim

5. Manuscript Title Underascertainment of Acute HCV infections in US Surveillance System

6. Manuscript Identifying Number (if you know it) M14-2939

Section 2. The Work Under Consideration for Publication

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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
AbbVie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee Sept 2012-March 2015

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. McGovern reports other from AbbVie, 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) Stephanie	2. Surname (Last Name) Kulaga	3. Date 08-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arthur Kim
5. Manuscript Title Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates		
6. Manuscript Identifying Number (if you know it) M14-2939		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Shauna

2. Surname (Last Name)

Onofrey

3. Date

12-June-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Arthur Kim

5. Manuscript Title

Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates

6. Manuscript Identifying Number (if you know it)

M14-2939

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Ms. Onofrey has nothing to disclose.

Evaluation and Feedback

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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)

Ellen

2. Surname (Last Name)

Nagami

3. Date

12-June-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Arthur Kim, MD

5. Manuscript Title

Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates

6. Manuscript Identifying Number (if you know it)

M14-2939

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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Ellen Nagami has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniel

2. Surname (Last Name) Church

3. Date 08-June-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name Arthur Kim

5. Manuscript Title Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates

6. Manuscript Identifying Number (if you know it) M14-2939

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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Mr. Church reports grants from Centers for Disease Control and Prevention, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Kelsey

2. Surname (Last Name)
Hills-Evans

3. Date
15-June-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Arthur Kim, MD

5. Manuscript Title

REF: "Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates"

6. Manuscript Identifying Number (if you know it)

M14-2939

Estimates"

"Underascertainment of Acute Hepatitis C Infections in the U.S. Surveillance System: Implications for Incidence Estimates"

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Dr. Hills-Evans has nothing to disclose.

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