

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.

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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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stephen	2. Surname (Last Name) Abbott	3. Date 16-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Anita Kohli
5. Manuscript Title Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis		
6. Manuscript Identifying Number (if you know it) M15-0642		

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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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) Elizabeth	2. Surname (Last Name) Akoth	3. Date 15-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shyamasundaran Kottilil
5. Manuscript Title Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis		
6. Manuscript Identifying Number (if you know it) M15-0642		

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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. Akoth 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)
Jose

2. Surname (Last Name)
Chavez

3. Date
06-August-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Shyam Kottiril, MD, PH.D.

5. Manuscript Title
Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis: A Phase 2a Cohort Study

6. Manuscript Identifying Number (if you know it)
M15-0642

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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
Gilead Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board and Speaker
Bristol Myers-Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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

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Dr. Chavez reports personal fees from Gilead Sciences, personal fees from Bristol Myers-Squibb, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Benjamin	2. Surname (Last Name) Emmanuel	3. Date 15-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Shyam Kottlil
5. Manuscript Title Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chloe	2. Surname (Last Name) Gross	3. Date 23-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shyam Kottiril
5. Manuscript Title Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis: A Phase 2a Cohort Study		
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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
NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	worked with NIH

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock
Johnson and Johnson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock

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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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Chloe Gross reports other from NIH, during the conduct of the study; other from Merck, other from Pfizer, other from Johnson and Johnson, outside the submitted work; .

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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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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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)
Alan

2. Surname (Last Name)
Jolley

3. Date
25-July-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Shyam Kottiril MD, Ph.D.

5. Manuscript Title
"Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis: A Phase 2a Cohort Study"

6. Manuscript Identifying Number (if you know it)
M15-0642

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
Gilead Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previously owned but sold the stock

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

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Section 6. Disclosure Statement

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Alan T. Jolley reports other from Gilead Sciences, outside the submitted work; .

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) Sarah	2. Surname (Last Name) Kattakuzhy	3. Date 02-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shyamasundaran Kottilil
5. Manuscript Title Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis		
6. Manuscript Identifying Number (if you know it) M15-0642		

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. Kattakuzhy 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)
Anita

2. Surname (Last Name)
Kohli

3. Date
23-July-2015

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

5. Manuscript Title
Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis: A Phase 2a Cohort Study

6. Manuscript Identifying Number (if you know it)
M15-0642

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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
Gilead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CRADA to NIH

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. Kohli reports other from Gilead, during the conduct of the study; .

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)
SHYAM

2. Surname (Last Name)
KOTTILIL

3. Date
02-October-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis

6. Manuscript Identifying Number (if you know it)
M15-0642

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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. KOTTILIL has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

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KOTTILIL

3. Date

23-July-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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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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Dr. KOTTILIL 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) Henry	2. Surname (Last Name) Masur	3. Date 08-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shyam Kottilil, MD
5. Manuscript Title Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis		
6. Manuscript Identifying Number (if you know it) M15-0642		

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

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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.

Section 6. Disclosure Statement

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Dr. Masur 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)
Mary

2. Surname (Last Name)
McLaughlin

3. Date
02-October-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Shyamasundaran Kottilil

5. Manuscript Title

Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis

6. Manuscript Identifying Number (if you know it)
M15-0642

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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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Ms. McLaughlin 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)
Eric

2. Surname (Last Name)
Meissner

3. Date
02-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Shyam Kottiril

5. Manuscript Title
Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gilead Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional research support for hepatitis B virus project beginning August 2015

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. Meissner reports grants from Gilead Sciences, 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) Hongmei	2. Surname (Last Name) Mo	3. Date 31-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shyam Kottiril, M.D., Ph.D
5. Manuscript Title Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis: A Phase 2a Cohort Study		
6. Manuscript Identifying Number (if you know it) M15-0642		

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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

Section 5. Relationships not covered above

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I am an employee of Gilead Science Inc and own stocks from Gilead Science

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Amy

2. Surname (Last Name)
Nelson

3. Date
09-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Shyam Kottilil, MD PhD

5. Manuscript Title
Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis

6. Manuscript Identifying Number (if you know it)
M15-0642

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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
Gilead Sciences, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CRADA

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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Ms. Nelson reports non-financial support and other from Gilead Sciences, Inc., during the conduct of the study; .

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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) _____
anu

2. Surname (Last Name) _____
osinusi

3. Date _____
28-July-2015

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

5. Manuscript Title _____
Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis: A Phase 2a Cohort Study

6. Manuscript Identifying Number (if you know it) _____
M15-0642

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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

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
gilead sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	employment

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Dr. osinusi reports other from gilead sciences, outside the submitted work; .

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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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) Michael	2. Surname (Last Name) Polis	3. Date 23-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shyam Kottiril
5. Manuscript Title Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis: A Phase 2a Cohort Study		
6. Manuscript Identifying Number (if you know it) M15-0642		

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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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) Angie	2. Surname (Last Name) Price	3. Date 02-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shaymasundaran Kottiril
5. Manuscript Title Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis		
6. Manuscript Identifying Number (if you know it) M15-0642		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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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)
Michael

2. Surname (Last Name)
Proschan

3. Date
09-October-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis.

6. Manuscript Identifying Number (if you know it)
M15-0642

Section 2. The Work Under Consideration for Publication

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Dr. Proschan 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) Catherine

2. Surname (Last Name) Seamon

3. Date 28-July-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name Shyam Kottiril

5. Manuscript Title Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis: A Phase 2a Cohort Study

6. Manuscript Identifying Number (if you know it) _____

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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
Gilead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CRADA

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Ms. Seamon reports institution had a CRADA with Gilead, 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) Sreetha	2. Surname (Last Name) Sidharthan	3. Date 16-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shyam Kottilil, MD PhD
5. Manuscript Title Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis		
6. Manuscript Identifying Number (if you know it) M15-0642		

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Ms. Sidharthan 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)
Rachel

2. Surname (Last Name)
Silk

3. Date
24-July-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Shyam Kottiril

5. Manuscript Title
Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis: A Phase 2a Cohort Study

6. Manuscript Identifying Number (if you know it)
M15-0642

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zayani	2. Surname (Last Name) Sims	3. Date 17-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anita Kohli
5. Manuscript Title Ledipasvir and Sofosbuvir for Hepatitis C Genotype 4: A Proof of Concept Phase 2a Cohort Study		
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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Dr. Sims 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) Lydia	2. Surname (Last Name) Tang	3. Date 09-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shyam Kottiril
5. Manuscript Title Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis		
6. Manuscript Identifying Number (if you know it) M15-0642		

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. Tang 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)
GEBEYHUE

2. Surname (Last Name)
TEFERI

3. Date
27-July-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Shyam Kottiril

5. Manuscript Title
"Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis: A Phase 2a Cohort Study"

6. Manuscript Identifying Number (if you know it)
M15-0642

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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
GILEAD SCIENCES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HONORARIA

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)
Eleano

2. Surname (Last Name)
Wilson

3. Date
23-July-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Shyam Kottiril

5. Manuscript Title
Four-week Directly Acting Anti-HCV Regimens in HCV Genotype-1 Patients without Cirrhosis: A Phase 2a Cohort Study

6. Manuscript Identifying Number (if you know it)
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Dr. Wilson has nothing to disclose.

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