

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".

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. 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.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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)
William

2. Surname (Last Name)
Towner

3. Date
03-August-2015

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

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

6. Manuscript Identifying Number (if you know it)
M15-1014

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to institution

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to institution
ViiV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to institution
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to institution

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

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

Dr. Towner reports grants from Gilead, during the conduct of the study; grants from BMS, grants from ViiV, grants from Merck, outside the submitted work; .

Evaluation and Feedback

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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)
Diana

2. Surname (Last Name)
Brainard

3. Date
19-August-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

6. Manuscript Identifying Number (if you know it)
M15-1014

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.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gilead Sciences, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee of Gilead Sciences, Inc.

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

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):
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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. Brainard reports other from Gilead Sciences, Inc., 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)

Mordechai

2. Surname (Last Name)

Rabinovitz

3. Date

19-August-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Stephen Pianko

5. Manuscript Title

Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized 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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Rabinovitz has nothing to disclose.

Evaluation and Feedback

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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) _____
Gregory

2. Surname (Last Name) _____
Dore

3. Date _____
03-August-2015

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

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

6. Manuscript Identifying Number (if you know it)
M15-1014

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
Gilead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical research grant to St Vincent's Hospital, Sydney

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gilead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abbvie	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bristol-Myers Squibb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gilead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board honoraria, Speakers bureau, consulting
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board honoraria
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board honoraria, Speakers bureau, consulting
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Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board honoraria, Speakers bureau, consulting
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board honoraria, Speakers bureau
GlaxoSmithKline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board honoraria
Gilead	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel support
Abbvie	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel support
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel support
Bristol-Myers Squibb	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel support
Roche	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel support

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. Dore reports grants from Abbvie, grants from Merck, grants from Bristol-Myers Squibb, grants from Janssen, grants from Roche, personal fees from Gilead, personal fees from Abbvie, personal fees from Merck, personal fees from Bristol-Myers Squibb, personal fees from Janssen, personal fees from Roche, personal fees from GlaxoSmithKline , non-financial support from Gilead, non-financial support from Abbvie, non-financial support from Merck, non-financial support from Bristol-Myers Squibb, non-financial support from Roche, outside the submitted work; .

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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.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name)
K. Rajender

2. Surname (Last Name)
Reddy

3. Effective Date (07-August-2008)
31-July-2015

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

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
Not known

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"/>	Gilead		X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gilead	Attend Investigators meeting	X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abbvie		X
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Merck		X
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Janssen		X
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gilead		X
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BMS		X
						ADD
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Abbvie		X

ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Merck		X
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Janssen		X
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Abbvie		X
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BMS		X
						ADD
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Uptodate		X
						ADD
10. Payment for development of educational presentations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ViralEd		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

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

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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.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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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)
John

2. Surname (Last Name)
McHutchison

3. Date
05-August-2015

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

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

6. Manuscript Identifying Number (if you know it)
M15-1014

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment and stock

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

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

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
McNally

3. Date
15-September-2015

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

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gilead Sciences, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am a stock holder and employee of Gilead Sciences

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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John McNally is a employee and stockholder of Gilead Sciences

Evaluation and Feedback

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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) Steven

2. Surname (Last Name) Flamm

3. Date 04-August-2015

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

5. Manuscript Title Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

6. Manuscript Identifying Number (if you know it) M15-1014

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Gilead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical research
BMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
BMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical research
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Abbvie	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical research
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical research

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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. Flamm reports personal fees from Gilead, grants from Gilead, personal fees from BMS, grants from BMS, personal fees from Abbvie, grants from Abbvie, personal fees from Janssen, grants from Janssen, personal fees from Merck, outside the submitted work; .

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Edward

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Gane

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01-August-2015

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Are there any relevant conflicts of interest? Yes No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gilead Speakers Bureau	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gilead Advisors' Meeting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

Dr. Gane reports personal fees from Gilead Speakers Bureau, personal fees from Gilead Advisors' Meeting, outside the submitted work; .

Evaluation and Feedback

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3. Relevant financial activities outside the submitted work.

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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.

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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) Simone 2. Surname (Last Name) Strasser 3. Date 03-August-2015

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

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

6. Manuscript Identifying Number (if you know it)
M15-1014

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

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"/>	Honoraria for Advisory Board, speaker fees

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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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. Strasser reports personal fees from Gilead Sciences, outside the submitted work; .

Evaluation and Feedback

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

Strasser

Strasser
3/8/15

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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)
Erik

2. Surname (Last Name)
Mogalian

3. Date
20-August-2015

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

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

6. Manuscript Identifying Number (if you know it)
M15-1014

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

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Employment

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

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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. Mogalian reports other from Gilead Sciences, Inc., during the conduct of the study.

Evaluation and Feedback

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
Catherine

2. Surname (Last Name)
Stedman

3. Date
21-August-2015

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

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

6. Manuscript Identifying Number (if you know it)
M15-1014

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	financial support to perform study

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Stedman reports non-financial support from Gilead Sciences, during the conduct of the study; personal fees and non-financial support from Gilead Sciences, personal fees and non-financial support from Abbvie, personal fees and non-financial support from MSD, outside the submitted work; .

Evaluation and Feedback

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Other: Anything not covered under the previous three boxes

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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)
Pianko

3. Date
22-August-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

6. Manuscript Identifying Number (if you know it)
M15-1014

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

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board and SPeaker Bureau, Clinical trial payments to institution.
Bristol Myer Squibb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clinical Trial Payments to institution
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board and Speaker Bureau
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting, clinical trial payments to institution
MSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clinical Trial Payments to institution

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Gilead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No conflict has influenced the paper but Gilead is sponsor of this trial

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. Pianko reports personal fees and other from Gilead Sciences, other from Bristol Myer Squibb, personal fees from Roche, personal fees and other from Abbvie, other from MSD, during the conduct of the study; personal fees and non-financial support from Gilead, outside the submitted work; .

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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)
Lingling

2. Surname (Last Name)
Han

3. Date
22-September-2015

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

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

6. Manuscript Identifying Number (if you know it)
M15-1014

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

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

Dr. Han 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.

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.

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.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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)
Stuart

2. Surname (Last Name)
Roberts

3. Date
19-August-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr Stephen Pianko

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

6. Manuscript Identifying Number (if you know it)
M15-1014

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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

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"/>	Consultancy fee for Australian Advisory Board
Bristol Myers Squibb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy fee for Australian Advisory Board
MSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy fee for Australian Advisory Board
AbbVie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultancy fee for Australian Advisory Board

ICMJE Form for Disclosure of Potential Conflicts of Interest

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 6. Disclosure Statement

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Dr. Roberts reports other from Gilead Sciences, other from Bristol Myers Squibb, other from MSD, other from AbbVie, 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) Brian 2. Surname (Last Name) Doehle 3. Date 19-August-2015

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

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

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 Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee

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. Doehle reports 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)
Sonal

2. Surname (Last Name)
Kumar

3. Date
22-September-2015

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

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

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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"/>	

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. Kumar reports personal fees from Gilead Sciences, outside the submitted work; .

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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) Mitchell 2. Surname (Last Name) Shiffman 3. Date 22-September-2015

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

5. Manuscript Title
Sofosbuvir-velpatasvir combination therapy for treatment-experienced patients with genotype 1 and 3 hepatitis C virus infection: a randomized trial

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

Section 3. Relevant financial activities outside the submitted work.

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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
Abbvie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker and Advisor
BMS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker and Advisor
Boehringer-Ingelheim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisor

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Conatus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Galectin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gilead	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker and Advisor
Intercept	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisor
Lumena	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisor

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. Shiffman reports grants from Gilaed, during the conduct of the study; grants and personal fees from Abbvie, grants and personal fees from BMS, grants and personal fees from Boehringer-Ingelheim, grants from Conatus, grants from Galectin, grants and personal fees from Gilead, grants from Intercept, personal fees from Janssen, grants from Lumena, grants and personal fees from Merck, outside the submitted work; .

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