

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.

Identifying information.

2. The work under consideration for publication.

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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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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

Ammassari 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Adriana	rst Name)	2. Surname (Last Name) Ammassari	3. Date 28-September-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Heiner Bucher
5. Manuscript Title "Chronic Hepatit		d Risk for Non-Hodgkin Lyr	mphoma in HIV-Infected Patients"
6. Manuscript lder M16-0240	ntifying Number (if you kn	now it)	_
	ı		
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4.	Intellectual Proper	ty Patents & Copyrig	yhts
Do you have any	patents, whether plani	ned, pending or issued, br	oadly relevant to the work?

Ammassari 2



Section 5. Relationships not covered above
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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. Ammassari has nothing to disclose.

Evaluation and Feedback

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Ammassari 3



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

Antinori 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Andrea	rst Name)	2. Surnar Antinori	ne (Last Name	2)		3. Date 16-September-201	6
4. Are you the cor	responding author?	Yes	✓ No	Correspond Heiner C B	ding Author Bucher	's Name	
5. Manuscript Title Chronic Hepatiti	e s B and C Infection and	Risk for No	on-Hodgkin	Lymphoma in H	IIV-Infected	d Patients	
6. Manuscript Ider M16-0240	ntifying Number (if you kr	ow it)					
Section 2.	The Work Under Co	onsidera	tion for Pul	blication			
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	but not lim		s, data monitoring		ıt, commercial, private foun dy design, manuscript prep	
Section 3.	Relevant financial	activities	outside th	ne submitted	work.		
of compensation clicking the "Add Are there any rel) with entities as descri	bed in the port relations: est? // '	instructions onships that verse No.	. Use one line fo were present d	or each ent	al relationships (regardle ity; add as many lines as 36 months prior to pub	you need by
Name of Entity		Grant?	Personal I	Non-Financial Support	Other?	Comments	
Gilead Sciences		✓	✓	✓			
Bristol Myers Squibb		✓	✓	✓			
lanssen-Cilag		✓	✓				
Merck			✓				
Abbvie			✓	✓			
/iiV Healthcare		✓	✓	✓			

Antinori 2



Section 4.	
Section 4.	Intellectual Property Patents & Copyrights
Do you have any p	patents, whether planned, pending or issued, broadly relevant to the work? Yes V
Section 5.	Relationships not covered above
	lationships or activities that readers could perceive to have influenced, or that give the appearance of acing, what you wrote in the submitted work?
Yes, the follow	ring relationships/conditions/circumstances are present (explain below):
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	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the above below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
financial support	ts grants, personal fees and non-financial support from Gilead Sciences, grants, personal fees and non-from Bristol Myers Squibb, grants and personal fees from Janssen-Cilag, personal fees from Merck, non-financial support from Abbvie, grants, personal fees and non-financial support from ViiV Healthcare, itted work; .

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Berenguer 1



Section 1. Identifying Info	rmation				
1. Given Name (First Name) Juan	2. Surnam Berengue	e (Last Name) er			3. Date 12-September-2016
4. Are you the corresponding author?	Yes	√ No	Correspond Heiner C. I	-	
5. Manuscript Title Chronic Hepatitis B and C Infection a	nd Risk for No	n-Hodgkin L	ymphoma in H	IIV-Infect	ed Patients
6. Manuscript Identifying Number (if you M16-0240	ı know it)				
Section 2. The Work Under	Considerati	ion for Pub	lication		
any aspect of the submitted work (includ statistical analysis, etc.)? Are there any relevant conflicts of int	ing but not limi				ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Section 3. Relevant financia	al activities	outside the	submitted	work.	
• • •	scribed in the ireport relation erest?	instructions. nships that w es \(\text{\text{\text{No}}}\) No	Use one line for vere present d	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.
Name of Entity	Grant?	Personal N Fees	on-Financial Support	Other?	Comments
ABBVIE	✓	✓			Research grant and honoraria
BMS		✓			Honoraria
GILEAD	✓	✓			Research grant and honoraria
IANSSEN	✓				
		✓			Honoraria
MSD	✓	✓			Honoraria Research grant and honoraria

Berenguer 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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Dr. Berenguer reports grants and personal fees from ABBVIE, personal fees from BMS, grants and personal fees from GILEAD, grants and personal fees from JANSSEN, grants and personal fees from MSD, grants and personal fees from ViiV HEALTHCARE, outside the submitted work; .

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Berenguer 3



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Bonnet 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Fabrice	rst Name)	2. Surname (Last Nam Bonnet	e)	3. Date 13-September-2016
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Autho	r's Name
5. Manuscript Title Chronic Hepatiti		l Risk for Non-Hodgkin	Lymphoma in HIV-Infecte	ed Patients
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Section 2				
Section 2.	The Work Under C	onsideration for Pu	blication	
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grant	s, data monitoring board, stu	nt, commercial, private foundation, etc.) for advised to the second section, the second secon
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of compensation clicking the "Add Are there any rele) with entities as descri	ibed in the instruction: port relationships that est?	s. Use one line for each en	ial relationships (regardless of amount tity; add as many lines as you need by 36 months prior to publication.
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Comments
/iiV healthcare, Gilea	d, MSD, Pirre Fabre, BMS			
Section 4.	Intellectual Proper	rty Patents & Cop	yrights	
Do you have any	patents, whether plan	ned, pending or issued	l, broadly relevant to the ι	work? Yes V No

Bonnet 2



Section 5.	
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Cartina	
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Dr. Bonnet repor	rts personal fees from ViiV healthcare, Gilead, MSD, Pirre Fabre, BMS, outside the submitted work; .

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Bucher 1



Section 1. Identifying	Information		
1. Given Name (First Name) Heiner C.	2. Surname (Last Name Bucher	2)	3. Date 12-September-2016
4. Are you the corresponding auth	nor? Yes No		
5. Manuscript Title Chronic Hepatitis B and C infec	tion and Risk of Non-Hodgkin-L	ymphoma in HIV-infecte	ed patients
6. Manuscript Identifying Number	(if you know it)		
Section 2. The Work U	Inder Consideration for Pul	olication	
	(including but not limited to grants	, data monitoring board, stu	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
•	riate information below. If you		ty press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support? Other?	Comments
Schweizerische Krebsstiftung	✓		
Section 3. Relevant fi	nancial activities outside th	e submitted work.	
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Name of Entity	Grant? Personal Fees?	Non-Financial Support? Other?	Comments
BMS	✓		Commissioned work
Gilead Sciences	✓		
/iiV Health Care			Support and travel grant to attend meetings

Bucher 2



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Dr. Bucher reports grants from Schweizerische Krebsstiftung, during the conduct of the study; grants and other from BMS, grants and personal fees from Gilead Sciences, other from ViiV Health Care, outside the submitted work;.

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

Campbell 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Maria Athena	rst Name)	2. Surname (Last Name) Campbell	3. Date 27-September-2016	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Heiner Bucher	
5. Manuscript Title Chronic Hepatiti		Risk for Non-Hodgkin Lyn	nphoma in HIV-Infected Patients	
6. Manuscript Ider M16-0240	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, ta monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add	ı) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of an e one line for each entity; add as many lines as you ne e present during the 36 months prior to publicatio	ed by
Section 4.	Intellectual Proper	ty Patents & Copyric	phts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V	

Campbell 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box

Evaluation and Feedback

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

Campbell 3



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De Luca 1



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) Andrea	De Luca	ne (Last Nar	ne)		3. Date 18-September-2016	
4. Are you the corresponding author?	Yes	✓ No	Correspond Heiner Bu	_	r's Name	
5. Manuscript Title Chronic Hepatitis B and C Infection and	Risk for No	on-Hodgkiı	n Lymphoma in H	IIV-Infecte	ed Patients	
6. Manuscript Identifying Number (if you kr	now it)					
Section 2. The Work Under Co	oncidora	tion for D	ublication			
Did you or your institution at any time rece				(governme	ent, commercial, private foundation,	etc.) for
any aspect of the submitted work (including statistical analysis, etc.)?	but not lin	nited to gran	its, data monitoring	g board, stu	udy design, manuscript preparation,	
Are there any relevant conflicts of interest	est?	Yes ✓	No			
Section 3. Relevant financial	activities	outside 1	the submitted	work.		
Place a check in the appropriate boxes in the appropriate boxes of compensation) with entities as describled clicking the "Add +" box. You should replace there any relevant conflicts of interest fyes, please fill out the appropriate info	ibed in the port relation est?	instruction inships that	ns. Use one line fo	or each en	tity; add as many lines as you ne	ed by
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
/iiV Healthcare	✓	√				
Gilead Sciences	✓	✓				
Merck	✓	✓				
Abbvie		✓				
anssen		✓				
Bristol-Myers Squibb		✓				
Roche		\checkmark				

De Luca 2



Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume				
Section 5. Relationships not covered above				
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Section 6. Disclosure Statement				
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Dr. De Luca reports grants and personal fees from ViiV Healthcare, grants and personal fees from Gilead Sciences, grants and personal fees from Merck, personal fees from Abbvie, personal fees from Janssen, personal fees from Bristol-Myers Squibb, personal fees from Roche, outside the submitted work; .				

Evaluation and Feedback

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De Luca 3



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Fehr 1



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) Jan	2. Surnam Fehr	e (Last Nan	ne)		3. Date 08-May-2015	
4. Are you the corresponding author?	Yes	√ No	Correspond Heiner C. I	_	's Name	
5. Manuscript Title Chronic Hepatitis B and C Infection an	d Risk for No	n-Hodgkir	n Lymphoma in H	IIV-Infecte	d Patients	
6. Manuscript Identifying Number (if you l	know it)					
Section 2. The Work Under (Considerati	on for P	ublication			
Did you or your institution at any time recany aspect of the submitted work (includir statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limi		ts, data monitoring			
Section 3. Relevant financia	l activities	outside 1	the submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as described clicking the "Add +" box. You should read there any relevant conflicts of inte	cribed in the i eport relation rest? \int Y	nstructior nships tha es	ns. Use one line fo	or each ent	ity; add as many lines as you ne	eed by
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Federal Commission for Sexual Health		√	Зарроге			
Abbvie	✓					
BMS	✓					
Gilead	✓					
Janssen	✓					
Merck	✓					
ViiV	\checkmark					

Fehr 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Fehr reports personal fees from Federal Commission for Sexual Health, grants from Abbvie, grants from BMS, grants from Gilead, grants from Janssen, grants from Merck, grants from ViiV, outside the submitted work; .

Evaluation and Feedback

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Fehr 3



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patent

Konopnicki 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Deborah	2. Surname (Last Name) Konopnicki	3. Date 13-September-2016		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Heiner C. Bucher		
5. Manuscript Title Chronic Hepatitis B and C Infection and	Risk for Non-Hodgkin Lym	phoma in HIV-Infected Patients		
6. Manuscript Identifying Number (if you kn	ow it)	-		
Section 2. The Work Under Co	and an along four Doublis			
Did you or your institution at any time receiving aspect of the submitted work (including		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
statistical analysis, etc.)? Are there any relevant conflicts of intere	est? Yes Vo			
Section 3. Relevant financial	activities outside the s	ubmitted 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 rep Are there any relevant conflicts of interes	oort relationships that werest? Yes No	e present during the 36 months prior to publication.		
If yes, please fill out the appropriate info				
Name of Entity	Grant? Personal Nor	Other? Comments		
Pfizer		travel and congress grants		
/iiV		travel and congress grants		
MSD		travel and congress grants		
Section 4. Intellectual Proper	ty Patents & Copyrig	hts		
Do you have any patents, whether plans	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Konopnicki 2



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Dr. Konopnicki reports other from Pfizer, other from ViiV, other from MSD, outside the submitted work; .

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Konopnicki 3



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Miro 1



Section 1. Identifying In	formation			
1. Given Name (First Name) Jose M	2. Surname (Last Name) Miro	3. Date 18-May-2015		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Heiner C. Bucher		
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		-		
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any aspect of the submitted work (inc statistical analysis, etc.)? Are there any relevant conflicts of	luding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
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Name of Entity	Grant? Personal Noi	on-Financial Other? Comments		
Abbvie, BMS, Gilead, Merck, Novartis, Jar and ViiV	iseen 🗸	Honoraria and unrestricted academic and research grants		
Section 4. Intellectual Pr	operty Patents & Copyric	jhts		
Do you have any patents, whether				

Miro 2



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Relationships not covered above
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Dr. Miro reports grants and personal fees from Abbvie, BMS, Gilead, Merck, Novartis, Janseen and ViiV, outside the submitted work.

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Other: Anything not covered under the previous three boxes

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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

Mussini 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Cristina	rst Name)	2. Surname (Last Name) Mussini		3. Date 24-September-2016
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Nat	me
5. Manuscript Title Heiner Bucher	9			
	ntifying Number (if you kr s B and C Infection and	now it) I Risk for Non-Hodgkin Lyp	ì	
Section 2.	The Work Under C	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, co ta monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	the appropriate boxes in with entities as descr	in the table to indicate wh ibed in the instructions. Us port relationships that wer	ether you have financial rela se one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any			oadly relevant to the work?	Yes 🗸 No

Mussini 2



Section 5. Relationships not sovered above
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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

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Mussini 3



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Peters 1



Section 1. Identifying Ir	formation				
1. Given Name (First Name) Lars	2. Surname (Last Name) Peters	3. Date 13-September-2016			
4. Are you the corresponding author		Corresponding Author's Name Heiner Bucher			
5. Manuscript Title Chronic Hepatitis B and C Infectio	5. Manuscript Title Chronic Hepatitis B and C Infection and Risk for Non-Hodgkin Lymphoma in HIV-Infected Patients				
6. Manuscript Identifying Number (if M16-0240	you know it)				
Section 2. The Work Und	der Consideration for Publication	on .			
any aspect of the submitted work (inc statistical analysis, etc.)? Are there any relevant conflicts of	luding but not limited to grants, data mo	d party (government, commercial, private foundation, etc.) for onitoring board, study design, manuscript preparation,			
Relevant financial activities outside the submitted work.					
of compensation) with entities as	described in the instructions. Use on all report relationships that were pr ofinterest? Yes No	you have financial relationships (regardless of amount e line for each entity; add as many lines as you need by esent during the 36 months prior to publication.			
Name of Entity	Grant? Personal Non-Fin	ort? Other? Comments			
Merck & Co.		Advisory Board member			
Section 4. Intellectual Pr	roperty Patents & Copyrights				
Do you have any patents, whethe	r planned, pending or issued, broadl	y relevant to the work? Yes V No			

Peters 2



Section 5. Relationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Peters reports personal fees from Merck & Co., outside the submitted work; .

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Peters 3



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Wang 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Qing	2. Surname (Last Name) Wang		3. Date 13-September-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nam Heiner C. Bucher	ne
5. Manuscript Title Chronic Hepatitis B and C Infection and	Risk for Non-Hodgkin Lyn	nphoma in HIV-Infected Patie	ents
6. Manuscript Identifying Number (if you kr M16-0240	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should re Are there any relevant conflicts of intere	ibed in the instructions. Us port relationships that wer	se one line for each entity; ad	ld as many lines as you need by
Section 4. Intellectual Proper	utu. Datanta 9 Canani	whee	
intellectual Propel	rty Patents & Copyric	gnts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Wang 2



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Dr. Wang has nothing to disclose.

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Quiros Roldan 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Eugenia	2. Surname (Last Name) Quiros Roldan	3. Date 13-September-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name
5. Manuscript Title Chronic Hepatitis B and C Infection and	l Risk for Non-Hodgkin Lyn	nphoma in HIV-Infected Patients"
6. Manuscript Identifying Number (if you kr M16-0240	now it)	
Section 2. The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Section 4. Intellectual Proper		
Intellectual Prope	rty Patents & Copyric	ghts ————————————————————————————————————
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Quiros Roldan 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Quiros Rolda	n has nothing to disclose.

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Quiros Roldan 3



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Sambatakou 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Helen	rst Name)	2. Surname (Last Name) Sambatakou	3. Date 13-Septembe	er-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Heiner C Bucher	
5. Manuscript Title Chronic Hepatiti		Risk for Non-Hodgkin Lyn	phoma in HIV-Infected Patients	
6. Manuscript Ider M16-0240	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under C	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private ta monitoring board, study design, manuscript	
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Section 4.	Intellectual Proper	rty Patents & Copyric	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes	✓ No

Sambatakou 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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No disclosures s	tatement

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Sambatakou 3



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Schommers 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Philipp	rst Name)	2. Surname (Last Name) Schommers	3. Date 12-September-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Heiner Bucher
5. Manuscript Title Chronic Hepatiti		l Risk for Non-Hodgkin Lym	nphoma in HIV-Infected Patients
6. Manuscript Ider	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under Co	onsideration for Public	tation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
	l		
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section A			
Section 4.	Intellectual Prope	rty Patents & Copyric	hts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Schommers 2



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Dr. Schommers has nothing to disclose.

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Schommers 3



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

Smit 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fii Colette	rst Name)	2. Surnar Smit	ne (Last Nar	ne)		3. Date 23-September-201	6
4. Are you the cor	responding author?	Yes	✓ No	Correspon	ding Autho	or's Name	
5. Manuscript Title Chronic Hepatiti	s S B and C Infection and	Risk for No	on-Hodgkiı	n Lymphoma in I	HIV-Infect	ed Patients	
6. Manuscript Ider M16-0240	ntifying Number (if you kr	ow it)					
Section 2.	The Work Under Co	onsiderat	tion for P	ublication			
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not lim	nited to gran	its, data monitorin		ent, commercial, private foun udy design, manuscript prep	
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Name of Institut	ion/Company	Grant?	Personal Fees?	Non-Financial Support	Other?	Comments	
of Stichting HIV Moni a grant from the Neth Health, Welfare and S for Infectious Disease	port through its Centre	✓					
Section 3.	Relevant financial	activities	outside:	the submitted	work		
of compensation clicking the "Add	he appropriate boxes i) with entities as descri	n the table bed in the port relatio	to indicat	e whether you h ns. Use one line f t were present c	ave financ or each er	cial relationships (regardle ntity; add as many lines as a 36 months prior to pub	you need by

Smit 2



Section 4. Intellectual Property - Patents & Convertebra
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?
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Section 6. Disclosure Statement
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Dr. Smit reports grants from The ATHENA observational cohort study is part of Stichting HIV Monitoring and supported by a grant from the Netherlands Ministry of Health, Welfare and Sport through its Centre for Infectious Disease Control–National Institute for Public Health and the Environment, during the conduct of the study;.

Evaluation and Feedback

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

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Smith 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Colette	rst Name)	2. Surname (Last Name) Smith		3. Date 13-September-2016
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Au	thor's Name
5. Manuscript Title Chronic Hepatiti		l Risk for Non-Hodgkin L	ymphoma in HIV-Infe	cted Patients
6. Manuscript lder M16-0240	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Pub	lication	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants,	data monitoring board,	ment, commercial, private foundation, etc.) for study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	e submitted work.	
of compensation clicking the "Add	he appropriate boxes i) with entities as descr	in the table to indicate vibed in the instructions.	whether you have fina Use one line for each vere present during t	ncial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication.
	out the appropriate info			
, .,				
Name of Entity		Grant? Personal Fees?	Other Support?	? Comments
Gilead Sciences				Attendance at an advisory board and preparation of educational materials
/iiV Healthcare				Preparation of educational materials
Section 4.	Intellectual Prope	rty Patents & Copy	rights	
Do you have any		ned, pending or issued,		ne work? Yes Vo

Smith 2



Section 5. Polationships not sovered above
Relationships not covered above
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Dr. Smith reports personal fees from Gilead Sciences, personal fees from ViiV Healthcare, outside the submitted work; .

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Spagnuolo 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Vincenzo	2. Surname (Last Name) Spagnuolo	3. Date 13-September-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Heiner C. Bucher
5. Manuscript Title Chronic Hepatitis B and C Infection and	Risk for Non-Hodgkin Lyn	nphoma in HIV-Infected Patients.
6. Manuscript Identifying Number (if you kr M16-0240	now it)	
Section 2. The Work Under Co	onsideration for Publi	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of interest		
If yes, please fill out the appropriate info	ormation below.	
Name of Entity	Grant? Personal Fees? S	on-Financial Other? Comments
Gilead Sciences Srl		Advisory board
ViiV Healthcare	✓	Consulting
Section 4. Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Spagnuolo 2



Section 5. Polationships not severed above
Relationships not covered above
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Spagnuolo 3



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Termote 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Monique	rst Name)	2. Surname (Last Name) Termote	3. D 14-S	ate September-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Heiner C. Bucher	
5. Manuscript Title Chronic Hepatiti		Risk for Non-Hodgkin Lym	nphoma in HIV-Infected Patients	
6. Manuscript Ider M16-0240	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commer ta monitoring board, study design,	
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relation e one line for each entity; add as e present during the 36 month	s many lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copyric	ıhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Termote 2



Section 5. Relationships not covered above
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Dr. Termote has nothing to disclose.

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Termote 3



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Thornton 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fir Alicia	rst Name)	2. Surname (Last Name) Thornton	3. Date 19-September-2016
4. Are you the corr	responding author?	Yes ✓ No	Corresponding Author's Name
5. Manuscript Title Chronic Hepatitis		Risk for Non-Hodgkin Lyn	nphoma in HIV-Infected Patients
6. Manuscript Ider M16-0240	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
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Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
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Thornton 2



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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

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4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nan	ne
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