

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

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) Eyasu	2. Surname (Last Name) Teshael	3. Date 31-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathleen Ly
5. Manuscript Title Hepatitis C Virus Infection among Reproductive-Aged Women and Children in the United States, 2006-2014		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 6. Disclosure Statement

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

Dr. Teshael has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Scott	2. Surname (Last Name) Holmberg	3. Date 31-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathleen Ly
5. Manuscript Title Hepatitis C in Women and Children, United States		
6. Manuscript Identifying Number (if you know it) M16-2350		

Section 2. The Work Under Consideration for Publication

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Nothing to disclose.

Work performed as an employee of US federal government

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Section 1. Identifying Information

1. Given Name (First Name) Monique	2. Surname (Last Name) Foster	3. Date 31-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title "Hepatitis C Virus Infection among Reproductive-Aged Women and Children in the United States, 2006-2014"	_____	
6. Manuscript Identifying Number (if you know it)	_____	

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Dr. Foster has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kathleen
2. Surname (Last Name)
Ly
3. Date
31-March-2017
4. Are you the corresponding author? Yes No
5. Manuscript Title
Hepatitis C Virus Infection among Reproductive-Aged Women and Children in the United States, 2006-2014
6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)
Rick

2. Surname (Last Name)
Pesano

3. Date
03-April-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hepatitis C Virus Infection among Reproductive-Aged Women and Children in the United States, 2006-2014

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Rick Pesano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	employee of Quest Diagnostics

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Ruth	2. Surname (Last Name) Jiles	3. Date 04-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ly, Kathleen N.
5. Manuscript Title Hepatitis C Virus Infection among Reproductive-Aged Women and Children in the United States, 2006-2014		
6. Manuscript Identifying Number (if you know it) M16-2350		

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

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Dr. Jiles has nothing to disclose.

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