

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maggie	2. Surname (Last Name) Chartier	3. Date 21-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pamela Belperio
5. Manuscript Title Curing Hepatitis C Infection: Best Practices from the Department of Veterans Affairs		
6. Manuscript Identifying Number (if you know it) M17-1073		

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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Dr. Chartier has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Pamela

2. Surname (Last Name)
Belperio

3. Date
21-July-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Curing Hepatitis C Infection: Best Practices from the Department of Veterans Affairs

6. Manuscript Identifying Number (if you know it)
M17-1073

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Dr. Belperio has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Poonam

2. Surname (Last Name)
Alaigh

3. Date
27-July-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Curing Hepatitis C Infection: Best Practices from the Department of Veterans Affairs

6. Manuscript Identifying Number (if you know it)
M17-1073

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Shulkin

3. Date
03-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Curing Hepatitis C Infection: Best Practices from the Department of Veterans Affairs

6. Manuscript Identifying Number (if you know it)
M17-1073

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Ross	3. Date 14-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pamela Belperio
5. Manuscript Title Curing Hepatitis C Infection: Best Practices from the Department of Veterans Affairs		
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