

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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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.

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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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**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) Fizza      2. Surname (Last Name) Naqvi      3. Date 02-January-2018

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

5. Manuscript Title  
Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized Trial

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

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
Investigator-Initiated Studies Program of Merck Sharp & Dohme Corp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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

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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.

The study authors report grants from Investigator-Initiated Studies Program of Merck Sharp & Dohme Corp, during the conduct of the study.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Guido	2. Surname (Last Name) Massaccesi	3. Date 02-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Durand
5. Manuscript Title Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized Trial		
6. Manuscript Identifying Number (if you know it) M17-2871		

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Are there any relevant conflicts of interest?  Yes  No

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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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Dr. Massaccesi has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Chattergoon	3. Date 02-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Durand
5. Manuscript Title Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized Trial		
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Dr. Chattergoon has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ashraf

2. Surname (Last Name)

Reyad

3. Date

25-November-1983

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Christine Durand

5. Manuscript Title

Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized Trial.

6. Manuscript Identifying Number (if you know it)

M17-2871

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Dr. Reyad has nothing to disclose.

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1. Given Name (First Name) Christine	2. Surname (Last Name) Durand	3. Date 02-January-2018
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized Trial		
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Are there any relevant conflicts of interest?  Yes  No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supported in part by a research grant from Investigator-Initiated Studies Program of Merck Sharp & Dohme Corp. The opinions expressed in this paper are those of the authors and do not necessarily represent those of Merck Sharp & Dohme Corp

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Gilead Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Bristol Meyers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Glaxosmith Kline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV antiretroviral trial - fees paid to institution
Viiv Healthcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV antiretroviral trial - fees paid to institution
Gilead Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV antiretroviral trial - fees paid to institution
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Dr. Durand reports grants from Merck Pharmaceuticals, during the conduct of the study; personal fees from Merck Pharmaceuticals, personal fees from Gilead Sciences, personal fees from Bristol Meyers Squibb, grants from Glaxosmith Kline, grants from Viiv Healthcare, grants from Gilead Sciences, grants from Bristol Meyers Squibb, 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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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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

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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)  
Diane

2. Surname (Last Name)  
Brown

3. Date  
02-January-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized Trial"

6. Manuscript Identifying Number (if you know it)  
M17-2871

### 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
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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 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.

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Ms. Brown has nothing to disclose.

### 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)  
Niraj

2. Surname (Last Name)  
Desai

3. Date  
02-January-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized Trial

6. Manuscript Identifying Number (if you know it)  
M17-2871

### 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
Merck and Company	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### 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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Dr. Desai reports grants, personal fees and non-financial support from Merck and Company, 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) \_\_\_\_\_  
Mark

2. Surname (Last Name) \_\_\_\_\_  
Sulkowski

3. Date \_\_\_\_\_  
02-January-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name \_\_\_\_\_  
Christine Durand

5. Manuscript Title  
"Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized Trial"

6. Manuscript Identifying Number (if you know it)  
M17-2871

### 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
AbbVie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funds for research paid to Johns Hopkins University

### 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Funds for research and DSMB paid to Johns Hopkins University
Janssen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funds for research paid to Johns Hopkins University

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funds for research and DSMB paid to Johns Hopkins University
Wiley and Sons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Associate Editor, Journal of Viral Hepatitis
Trek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K24 DA034621 and R01DA016065

### 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. Sulkowski reports grants and personal fees from AbbVie , during the conduct of the study; grants, personal fees and other from Gilead , grants and personal fees from Janssen , grants and personal fees from Merck, personal fees from Wiley and Sons, personal fees from Trek , grants from National Institutes of Health, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jeremy

2. Surname (Last Name)  
Sugarman

3. Date  
02-January-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Christine Durand

5. Manuscript Title  
Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized Trial

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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I serve on the Merck KGaA Bioethics Advisory Panel and Stem Cell Research Oversight Committee. I am also a member of Quintile's Ethics Advisory Panel.

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Dr. Sugarman reports that I serve on the Merck KGaA Bioethics Advisory Panel and Stem Cell Research Oversight Committee. I am also a member of Quintile's Ethics Advisory Panel.

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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) Darin	2. Surname (Last Name) Ostrander	3. Date 02-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Durand
5. Manuscript Title Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized Trial		
6. Manuscript Identifying Number (if you know it) M17-2871		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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?

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### Section 6. Disclosure Statement

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### Evaluation and Feedback

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**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)  
Dorry

2. Surname (Last Name)  
Segev

3. Date  
09-January-2018

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

5. Manuscript Title  
"Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized Trial"

6. Manuscript Identifying Number (if you know it)  
M17-2871

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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
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaking honorarium, unrelated to this publication
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaking honorarium, unrelated to this publication

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Segev reports personal fees from Sanofi, personal fees from Novartis, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mary Grace	2. Surname (Last Name) Bowring	3. Date 09-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Durand
5. Manuscript Title Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized Trial		
6. Manuscript Identifying Number (if you know it) M17-2871		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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### 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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M.G. Bowring has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Russell

2. Surname (Last Name)

Wesson

3. Date

05-January-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Christine Durand

5. Manuscript Title

Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized 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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Dr. Wesson has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Nichole      2. Surname (Last Name) Bair      3. Date 02-January-2018

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
"Kidney Transplantation from Hepatitis-C-infected Donors to HCV-uninfected Recipients with Direct-Acting Antivirals as Prophylaxis: An Open-Label Nonrandomized 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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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