

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name)
Palittiya
2. Surname (Last Name)
Sintusek
3. Date
28-November-2017
4. Are you the corresponding author?
☐ Yes ☒ No
 Corresponding Author's Name
 Voranush Chongsrisawat
5. Manuscript Title
High prevalence of hepatitis B antibody loss and de novo hepatitis B virus infection in a child after living-donor liver transplantation
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

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

Sintusek

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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.

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. Sintusek has nothing to disclose.

Palittiya Sintusek

Evaluation and Feedback

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Sintusek

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Section 1. Identifying Information

1. Given Name (First Name)
Nawarat
2. Surname (Last Name)
Posuwan
3. Date
28-November-2017
4. Are you the corresponding author? ☐ Yes ☒ No
Corresponding Author's Name
Voravuth Chongsrisawat
5. Manuscript Title
High prevalence of hepatitis B antibody loss and de novo hepatitis B virus infection in a child after living-donor liver transplantation
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Section 4. Intellectual Property – Patents & Copyrights

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Posuwan

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Dr. Posuwan has nothing to disclose.

Nawarat Posuwan

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Posuwan

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Section 1. Identifying Information

1. Given Name (First Name)
Piyaopin
2. Surname (Last Name)
Wanawongasawad
3. Date
28-November-2017
4. Are you the corresponding author? ☐ Yes ☒ No
Corresponding Author's Name
Voravuth Chongrissawat
5. Manuscript Title
High prevalence of hepatitis B antibody loss and de novo hepatitis B virus infection in a child after living-donor liver transplantation
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Wanawongasawad

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Dr. Wanawongasawad has nothing to disclose.

Signature *Wanawongasawad*

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Wanawongasawad

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Suttirak 2. Surname (Last Name) Jitrach 3. Date 28-November-2017
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name Voranush Chongvisawatt
5. Manuscript Title High prevalence of hepatitis B antibody loss and de novo hepatitis B virus infection in a child after living-donor liver transplantation
6. Manuscript Identifying Number (if you know it)

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Jitrach

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Dr. Jitrach has nothing to disclose.

Suttirak Jitrach

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Jitrach

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name)
Yong
2. Surname (Last Name)
Poovorawan
3. Date
28-November-2017
4. Are you the corresponding author? ☐ Yes ☒ No
Corresponding Author's Name
Voravuth Chongsrisawat
5. Manuscript Title
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Poovorawan

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Dr. Poovorawan has nothing to disclose.

Yong Poovorawan

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Poovorawan

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Vorathuth
2. Surname (Last Name)
Chongrisawat
3. Date
28-November-2017
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5. Manuscript Title
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Chongrisawat

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Vorathuth

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Chongrisawat

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