

**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name) 2. Surname (Last Name) 3. Date  
Palittiya Sintusek 28 November 2017

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

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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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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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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name)      2. Surname (Last Name)      3. Date  
Nawarat      Posuwan      28-November-2017

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Voravuth Chongsrisawat

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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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1. Given Name (First Name) 2. Surname (Last Name) 3. Date  
 Piyaporn Wanawongsawad 28-November-2017

4. Are you the corresponding author?  Yes  No Corresponding Author's Name  
 Voranuth Chongrisawat

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Wanawongsawad 2

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Dr. Wanawongsawad has nothing to disclose.

*Dr. Wanawongsawad*

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Wanawongsawad 3

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**Section 1. Identifying Information**

1. Given Name (First Name) Suttirak 2. Surname (Last Name) Jitranuch 3. Date 28-November-2017  
4. Are you the corresponding author?  Yes  No Corresponding Author's Name Voravuth Chongsriawatt  
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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Jitranuch

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Jitranuch

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Yong

2. Surname (Last Name)  
Poovorawan

3. Date  
28-November-2017

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Corresponding Author's Name  
Voravuth Chongsrisawat

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*Yong Poovorawan*

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*Voravuth*

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