

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Cristina

2. Surname (Last Name)

Stasi

3. Date

27-February-2018

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORLD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)

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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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Dr. Stasi 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)

Caterina

2. Surname (Last Name)

Silvestri

3. Date

27-February-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)

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 Yes No

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Dr. Silvestri 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) Roberto	2. Surname (Last Name) Berni	3. Date 06-March-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cristina Stasi
5. Manuscript Title CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY		
6. Manuscript Identifying Number (if you know it) 38356		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Bemis 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)

Maurizia

2. Surname (Last Name)

Brunetto

3. Date

07-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BMS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research projects; Speakers bureau
Gilead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers bureau; Advisory board

### 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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Dr. Brunetto reports grants and personal fees from BMS, personal fees from Gilead, 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)

Anna Linda

2. Surname (Last Name)

Zignego

3. Date

03-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

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Dr. Zignego has nothing to disclose.

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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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**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) Cristina	2. Surname (Last Name) Orsini	3. Date 06-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cristina Stasi
5. Manuscript Title CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY		
6. Manuscript Identifying Number (if you know it) 38356		

### 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.

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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

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

Dr. Orsini has nothing to disclose.

### Evaluation and Feedback

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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)  
Stefano

2. Surname (Last Name)  
Milani

3. Date  
02-March-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Cristina Stasi

5. Manuscript Title  
CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)  
38356

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

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Are there any relevant conflicts of interest?  Yes  No

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

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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

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

Dr. Milani has nothing to disclose.

### Evaluation and Feedback

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## MJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Liana

2. Surname (Last Name)

Ricciardi

3. Date

03-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

Corresponding Author's Name

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

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Are there any relevant conflicts of interest?  Yes  No

ADD

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

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Are there any relevant conflicts of interest?  Yes  No

ADD

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

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



## IJE 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):

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[Generate Disclosure Statement](#)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrea      2. Surname (Last Name) De Luca      3. Date 28-February-2018

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

5. Manuscript Title  
A comprehensive development agenda on TAF in clinical practice

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.

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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
VIV Healthcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gilead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fellowship program
VIV Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gilead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck Sharp and Dohme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Janssen Cilag	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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. De Luca reports grants from Viiv Healthcare, grants from Gilead, personal fees from Viiv Healthcare, personal fees from Gilead, personal fees from Merck Sharp and Dohme, personal fees from Janssen Cilag, 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)  
PIERLUIGI

2. Surname (Last Name)  
BLANC

3. Date  
01-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

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Dr. BLANC 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)  
NENCIONI

2. Surname (Last Name)  
CESIRA

3. Date  
01-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

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Are there any relevant conflicts of interest?  Yes  No

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

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Are there any relevant conflicts of interest?  Yes  No

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. CESIRA has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Donatella

2. Surname (Last Name)

Aquilini

3. Date

03-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)

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no conflict of interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

alessandro

2. Surname (Last Name)

bartoloni

3. Date

02-March-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

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Dr. bartoloni has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

giampaolo

2. Surname (Last Name)

bresci

3. Date

06-July-1949

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

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Dr. bresci 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) Santino      2. Surname (Last Name) Marchi      3. Date 19-March-2018

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORLD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)  
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Dr. Marchi has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

FRANCO

2. Surname (Last Name)

FILIPPONI

3. Date

03-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

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Prof. Franco Filippini 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)

Plero

2. Surname (Last Name)

Colombatto

3. Date

28-February-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)

### 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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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 6. Disclosure Statement

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

I have no conflicts of interests relevant to this study

### 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)

Paolo

2. Surname (Last Name)

Forte

3. Date

01-March-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

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Are there any relevant conflicts of interest?

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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?

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Dr. Forte 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)

Andrea

2. Surname (Last Name)

Galli

3. Date

07-March-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)

\_\_\_\_\_

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Yes

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Yes

No

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

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### Section 6. Disclosure Statement

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Professor Andrea Galli 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)

sauro

2. Surname (Last Name)

luchi

3. Date

06-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

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. Iuchi 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)  
CHIGIOTTI

2. Surname (Last Name)  
SILVIA

3. Date  
20-September-1965

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Alessandro

2. Surname (Last Name)  
Nerli

3. Date  
01-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Cristina Stasi

5. Manuscript Title

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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

### 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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Dr. Nerli 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) Giampaolo      2. Surname (Last Name) Corti      3. Date 28-February-2018

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

5. Manuscript Title  
CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)  
38356

### 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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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. Corti 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)  
Rodolfo

2. Surname (Last Name)  
Sacco

3. Date  
06-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)

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Dr. Sacco 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)

Paola

2. Surname (Last Name)

Carrai

3. Date

03-January-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)

### 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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Are there any relevant conflicts of interest?  Yes  No

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

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Dr. Carrai 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)

Angelo

2. Surname (Last Name)

Ricchiuti

3. Date

28-February-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

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Dr. Ricchiuti 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)

MASSIMO

2. Surname (Last Name)

GIUSTI

3. Date

02-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

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Are there any relevant conflicts of interest?  Yes  No

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Dr. GIUSTI 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)

Paolo

2. Surname (Last Name)

Almi

3. Date

02-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

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. Almi 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)

Andrea

2. Surname (Last Name)

Cozzi

3. Date

08-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)

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Dr. Cozzi 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)

Silvia

2. Surname (Last Name)

Carloppi

3. Date

20-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (if you know it)

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Dr. Carloppi 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)

Giacomo

2. Surname (Last Name)

Laffi

3. Date

07-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cristina Stasi

5. Manuscript Title

CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY

6. Manuscript Identifying Number (If you know it)

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Professor Giacomo Laffi 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) Fabio	2. Surname (Last Name) Voller	3. Date 08-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cristina Stasi
5. Manuscript Title CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY		
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Voller has nothing to disclose.

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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**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) Francesco	2. Surname (Last Name) Cipriani	3. Date 01-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cristina Stasi
5. Manuscript Title CLINICAL EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B: THE TUSCANY REAL-WORD LARGE-SCALE COHORT STUDY		
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.)?

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Dr. Cipriani has nothing to disclose.

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