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.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Bougatsos</td>
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<tr>
<td>3. Date</td>
<td>08-April-2014</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Roger Chou</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Roger

2. Surname (Last Name)  
   Chou

3. Date  
   09-April-2014

4. Are you the corresponding author?  
   ✔ Yes  
   □ No

5. Manuscript Title  
   Screening for hepatitis B virus infection in adults and adolescents

6. Manuscript Identifying Number (if you know it)  
   M13-2837

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. Chou reports grants from the Agency for Healthcare Research and Quality, during the conduct of the study;

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Section 1. Identifying Information

1. Given Name (First Name)  Tracy
2. Surname (Last Name) Dana
3. Date 07-May-2014
4. Are you the corresponding author? ☑ Yes  ☐ No
5. Manuscript Title
   Screening for hepatitis B virus infection in non-pregnant adults and adolescents: systematic review to update the 2004 U.S. Preventive Services Task Force Recommendation
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Dr. Dana reports grants from AHRQ, from null, during the conduct of the study; grants from AHRQ, from null, outside the submitted work.

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6. Manuscript Identifying Number (if you know it) M13-2837

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Are there any relevant conflicts of interest? Yes ✔ No
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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.
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Section 6. Disclosure Statement

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Dr. Zakher reports other from Agency for Healthcare Research and Quality, during the conduct of the study; .

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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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Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
**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
**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

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1. Given Name (First Name)  
   JASPREET

2. Surname (Last Name)  
   KHANOURA

3. Date  
   5-10-14

4. Are you the corresponding author?  
   X Yes  
   No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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