ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Baumann
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Linda
2. Surname (Last Name) Baumann
3. Date 16-April-2014
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults
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

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
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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Signature (please sign and date): Linda Baumann, 04/16/2014

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kirsten

2. Surname (Last Name)  
   Bibbins-Domingo

3. Date  
   05-May-2014

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

   Corresponding Author’s Name  
   Michael LeFevre

5. Manuscript Title  
   Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

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

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Kirsten Bibbins-Domingo  5/5/2014

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Curry
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Susan

2. Surname (Last Name)  
Curry

3. Date  
15-April-2014

4. Are you the corresponding author?  
☑ No

5. Manuscript Title  
Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Signature (please sign and date):
Susan J Curry
4/15/14

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Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Ebell

3. Date  
15-April-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No

5. Manuscript Title
Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

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**Section 6. Disclosure Statement**

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Signature (please sign and date): Mark H. Ebell MD, MS, April 15th, 2014

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<td>Owens</td>
<td>01-May-2014</td>
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4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title

Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

6. Manuscript Identifying Number (if you know it)

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Dr. Owens reports other from ahr, during the conduct of the study; Dr. Owens reports other from ahrq, during the conduct of the study;

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>William</td>
<td>Phillips</td>
<td>15-April-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [x] No

5. Manuscript Title
   Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

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 [x] No

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Are there any relevant conflicts of interest? [ ] Yes [x] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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.

Signature (please sign and date):
William R Phillips
4 APR 2014

Evaluation and Feedback

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Davidson
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Karina

2. Surname (Last Name)  
   Davidson

3. Date  
   16-April-2014

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

5. Manuscript Title  
   Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

6. Manuscript Identifying Number (if you know it)

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   Yes ☐  No ☑

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Garcia
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)   Francisco  
2. Surname (Last Name)      Garcia  
3. Date                      05-May-2014  

4. Are you the corresponding author?  
   □ Yes  ☑ No  
   Corresponding Author's Name  
   Michael LeFevre  

5. Manuscript Title  
   Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults  

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  

Garcia
ICMJE Form for Disclosure of Potential Conflicts of Interest

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5-5-14

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Garcia
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Gilman

3. Date  
   4/23/14

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

5. Manuscript Title
   Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jessica

2. Surname (Last Name)  
   Herzstein

3. Date  
   23-April-2014

4. Are you the corresponding author?  
   [ ] Yes  [ ] No
   Corresponding Author’s Name

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Alex

2. Surname (Last Name)  
Kemper

3. Date  
23-April-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author's Name

5. Manuscript Title  
Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Kemper has nothing to disclose.

[Signature]

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**Section 1: Identifying Information**

1. Given Name (First Name)  
   Ann

2. Surname (Last Name)  
   Kurth

3. Date  
   23-April-2014

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   N/A

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Kurth
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Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   LeFevre

3. Date  
   16-April-2014

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. Manuscript Title  
   Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

6. Manuscript Identifying Number (if you know it)

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Michael LeFevre 4/17/19

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1. Given Name (First Name)  
MAUREEN

2. Surname (Last Name)  
PHIPPS

3. Date  
4-16-2014

4. Are you the corresponding author?  
☐ Yes  ☒ No

5. Manuscript Title  
Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

6. Manuscript Identifying Number (If you know it)

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1. Given Name (First Name)  Michael
2. Surname (Last Name)  Pignone
3. Date  16-April-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults

6. Manuscript Identifying Number (if you know it)

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Dr. Pignone has nothing to disclose.

[Signature]
4-16-14

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1. Given Name (First Name) Albert
2. Surname (Last Name) Siu
3. Date 23-April-2014
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name Mike LeFevre
5. Manuscript Title Screening for Hepatitis B Virus Infection in Nonpregnant Adolescents and Adults
6. Manuscript Identifying Number (if you know it) N/A

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