

Instructions

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4. Intellectual Property.

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Definitions.

cossiga

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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

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administrative support, etc.



| Section 1. Identifying Inform | nation | | |
|---|-----------------------------------|--|--|
| 1. Given Name (First Name) valentina | 2. Surname (Last Name) cossiga | 3. Date 20-March-2020 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Maria guarino | |
| Manuscript Title Risk stratification of HCC occurrence af previous viral disease | ter HCV eradication: a com | plicate plot of risk factors related and unrelated to the | |
| 6. Manuscript Identifying Number (if you k | now it) | | |
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| Section 2. The Work Under C | onsideration for Public | cation | |
| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, | |
| Section 3. Polyment financial | | | |
| Relevant financia | activities outside the s | ubmitted 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 inter | rest? | | |
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| Section 4. Intellectual Prope | rty Patents & Copyric | ghts | |
| Do you have any patents, whether plan | nned, pending or issued, br | oadly relevant to the work? Yes V No | |

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| Section 5. | | | | |
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| Section 5. | Relationships not covered above | | | |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? | | | |
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| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest | | | |
| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. | | | |
| Section 6. | Disclosure Statement | | | |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | |
| Dr. cossiga has n | othing to disclose. | | | |

Evaluation and Feedback

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

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| Section 1. | Identifying Inform | ation | | |
|---|--------------------------|----------------------|--|---|
| 1. Given Name (Fii maria | rst Name) | 2. Surnan guarino | ne (Last Name) | 3. Date 20-March-2020 |
| 4. Are you the cor | responding author? | ✓ Yes | No | |
| previous viral dis | of HCC occurrence aft | | dication: a complicate plot of risk fact | ors related and unrelated to the |
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| Section 2. | The Work Under Co | onsiderat | tion for Publication | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not lim | t or services from a third party (governme ited to grants, data monitoring board, studes \int\(\sigma\) No | nt, commercial, private foundation, etc.) for dy design, manuscript preparation, |
| Section 3. | Relevant financial | activities | outside the submitted work. | |
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| Section 4. | Intellectual Proper | tv Pate | ents & Copyrights | |
| Do you have any | | | ng or issued, broadly relevant to the v | vork? Yes 🗸 No |

guarino 2



| Section 5. Relationships not covered above |
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| Relationships not covered above |
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| Dr. guarino has nothing to disclose. |

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| Section 1. Identifyir | ng Information | | |
|---|--------------------------------------|--|--|
| Given Name (First Name) filomena | 2. Surname (Last Name) morisco | 3. Date 20-March-2020 | |
| 4. Are you the corresponding au | ıthor? Yes ✓ No | Corresponding Author's Name maria guarino | |
| 5. Manuscript Title Risk stratification of HCC occu previous viral disease | urrence after HCV eradication: a con | nplicate plot of risk factors related and unrelated to the | |
| 6. Manuscript Identifying Numb | er (if you know it) | | |
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| Section 2. The Work | Under Consideration for Publi | cation | |
| 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 V No | | | |
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caporaso 1



| Section 1. | dentifying Inform | ation | | |
|---|-------------------------|---------------------------------|--|---|
| 1. Given Name (First Nicola | Name) | 2. Surname (Last Name) caporaso | | 3. Date 20-March-2020 |
| 4. Are you the corres | sponding author? | Yes ✓ No | Corresponding Author's Nan maria guarino | me |
| 5. Manuscript Title Risk stratification o previous viral disea | | er HCV eradication: a com | plicate plot of risk factors re | lated and unrelated to the |
| 6. Manuscript Identif | fying Number (if you kn | ow it) | | |
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| any aspect of the sub statistical analysis, et | mitted work (including | but not limited to grants, da | a third party (government, con ta monitoring board, study des | mmercial, private foundation, etc.) for sign, manuscript preparation, |
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| Do you have any pa | atents, whether planr | ned, pending or issued, br | oadly relevant to the work? | Yes V No |

caporaso 2



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