

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.

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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)

Hua

2. Surname (Last Name)

Fu

3. Date

08-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jiahong Dong

5. Manuscript Title

Efficacy and safety of sofosbuvir-containing regimens in patients with chronic hepatitis C virus infection after liver transplantation: a meta-analysis

6. Manuscript Identifying Number (if you know it)

ATM-20-3074

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Dr. Fu 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)

Jiahong

2. Surname (Last Name)

Dong

3. Date

08-April-2020

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Efficacy and safety of sofosbuvir-containing regimens in patients with chronic hepatitis C virus infection after liver transplantation: a meta-analysis

6. Manuscript Identifying Number (if you know it)

ATM-20-3074

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Section 1. Identifying Information

1. Given Name (First Name)

Zhide

2. Surname (Last Name)

Sun

3. Date

08-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jiahong Dong

5. Manuscript Title

Efficacy and safety of sofosbuvir-containing regimens in patients with chronic hepatitis C virus infection after liver transplantation: a meta-analysis

6. Manuscript Identifying Number (if you know it)

ATM-20-3074

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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ICMJE

INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Section 1. Identifying Information

1. Given Name (First Name)

Xuejun

2. Surname (Last Name)

Zhang

3. Date

08-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jiahong Dong

5. Manuscript Title

Efficacy and safety of sofosbuvir-containing regimens in patients with chronic hepatitis C virus infection after liver transplantation: a meta-analysis

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Section 1. Identifying Information

1. Given Name (First Name) Aijun	2. Surname (Last Name) Yu	3. Date 08-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jiahong Dong
5. Manuscript Title Efficacy and safety of sofosbuvir-containing regimens in patients with chronic hepatitis C virus infection after liver transplantation: a meta-analysis		
6. Manuscript Identifying Number (if you know it) ATM-20-3074		

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Dr. Yu has nothing to disclose.

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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)
Guoli

2. Surname (Last Name)
Chen

3. Date
08-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jiahong Dong

5. Manuscript Title
Efficacy and safety of sofosbuvir-containing regimens in patients with chronic hepatitis C virus infection after liver transplantation: a meta-analysis

6. Manuscript Identifying Number (if you know it)
ATM-20-3074

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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 6.

Disclosure Statement

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

Dr. Chen has nothing to disclose.

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

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