

ICMJE DISCLOSURE FORM

Date: ____ Jul. 25th, 2021 ____

Your Name: _Lei Tan _

Manuscript Title: _ The clinical value of serum hepatic parenchyma cell volume-normalized hepatitis B surface antigen levels in hepatitis B e antigen -positive and -negative chronic hepatitis B patients ____

Manuscript number (if known): _ ATM-21-3846 _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: _____ Jul. 25th, 2021 _____

Your Name: _ Shi-Lei Xu _

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Your Name: _ Zhi-Shuo Mo _

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ICMJE DISCLOSURE FORM

Date: _____ Jul. 25th, 2021 _____

Your Name: _ Jian-Rong Liu _

Manuscript Title: _ The clinical value of serum hepatic parenchyma cell volume-normalized hepatitis B surface antigen levels in hepatitis B e antigen -positive and -negative chronic hepatitis B patients _____

Manuscript number (if known): _ ATM-21-3846 _____

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ICMJE DISCLOSURE FORM

Date: Jul. 25th, 2021

Your Name: Wei-Qiang Gan

Manuscript Title: The clinical value of serum hepatic parenchyma cell volume-normalized hepatitis B surface antigen levels in hepatitis B e antigen -positive and -negative chronic hepatitis B patients

Manuscript number (if known): ATM-21-3846

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Date: Jul. 25th, 2021

Your Name: Jie-Huan Chen

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Your Name: Zhi-Liang Gao

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Your Name: _ Ze-Qian Wu _

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