

ICMJE DISCLOSURE FORM

Date: 2021-8-29

Your Name: Du Cheng

Manuscript Title: Reciprocal induction of hepatitis C virus replication and stimulation of hepatic profibrogenic cytokine release and cellular viability by YKL-40

Manuscript number (if known): _____

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_____ None	
Time frame: past 36 months			
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13	Other financial or non-financial interests	_____ None	

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The author has no conflicts of interest to declare

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ICMJE DISCLOSURE FORM

Date: 2021-8-29

Your Name: Chengliang Zhu

Manuscript Title: Reciprocal induction of hepatitis C virus replication and stimulation of hepatic profibrogenic cytokine release and cellular viability by YKL-40

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ICMJE DISCLOSURE FORM

Date: 2021-8-29

Your Name: Fei Liao

Manuscript Title: Reciprocal induction of hepatitis C virus replication and stimulation of hepatic profibrogenic cytokine release and cellular viability by YKL-40

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Date: 2021-8-29

Your Name: Liang Zhao

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Your Name: Lei Shen

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Your Name: Wenyang Jiang

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