

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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3. Relevant financial activities outside the submitted work.

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Nobuhisa	2. Surname (Last Name) Akamatsu	3. Date 19-April-2017
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Direct-acting antiviral treatment for he	patitis C in liver transplant candidates and recipient	S
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publication	
	eive payment or services from a third party (government, g but not limited to grants, data monitoring board, study rest? Yes I No	
Section 3. Relevant financial	activities outside the submitted work.	
of compensation) with entities as desc	in the table to indicate whether you have financial ribed in the instructions. Use one line for each entity port relationships that were present during the 36 rest? Yes Y No	; add as many lines as you need by

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes		٩٥
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Dr. Akamatsu has nothing to disclose.

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Junichi	2. Surname (Last Name) Togashi	3. Date 19-April-2017	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Nobuhisa Akamatsu	
5. Manuscript Title Direct-acting antiviral treatment for he	patitis C in liver transplant	candidates and recipients	
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Section 2. The Work Under C	onsideration for Publi	cation	
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4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Nobuhisa Akamatsu	me
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