

ICMJE DISCLOSURE FORM

Date: 5-10-22

Your Name: Joshua Kwon

Manuscript Title: Efficacy of a two-dose Hepatitis B vaccination with a novel immunostimulatory sequence adjuvant (Heplisav-B) on patients with chronic liver disease. A retrospective study

Manuscript number (if known): TGH-22-12-CL

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
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Please summarize the above conflict of interest in the following box:

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