ICMJE DISCLOSURE FORM

Date: 13 Novemb	er 2023
Your Name: Chiar	a Rubino
Manuscript Title:	Viral Hepatitis Management in Pregnancy: Practical Insights from a Pediatric Perspective
Manuscrint numbe	(if known): TGH-23-109

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
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		Time frame; nect	26 months
2	Grants or contracts from	Time frame: past	36 Months
2	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
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4	Consulting fees	None	

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13 Other financial or non- None				
	13		None	

Please summarize the above conflict of interest in the following box:

None.			

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date:	13 Novem	oer 2023	
Your Na	me: <u>Mar</u>	iangela Stinco	
Manusc	ript Title:_	Viral Hepatitis	Management in Pregnancy: Practical Insights from a Pediatric Perspective
Manusci	rint numbe	er (if known):	TGH-23-109

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None.			

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10 November 2023 Your Name: Giuseppe Indolfi

Manuscript Title: Viral Hepatitis Management in Pregnancy: Practical Insights from a Pediatric Perspective

Manuscript number (if known): TGH-23-109

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