ICMJE DISCLOSURE FORM

Date	e:_03/16/2021		
	r Name:Jeremy M. Hess, I		
Mar	nuscript Title: Hepatitis C	Screening Disparities in the	Advent of Broadened American Screening Guidelines: A
Pers	spective from the United Sta	ites Opioid Capital	
Mar	nuscript number (if known):		
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. The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u> . 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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initial	planning of the work
1	All aumout for the conserve		planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
7	Consulting ICCS	I^I	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	_XNone	
	ase summarize the above co	nflict of interest in the fol	owing box:

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.

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Date	e:_03/16/2021		
	r Name:Luqman Baloch, _		
Mai	nuscript Title: Hepatitis C	Screening Disparities in the	e Advent of Broadened American Screening Guidelines: A
Pers	spective from the United Sta	ates Opioid Capital	
Mai	nuscript number (if known):		
rela part to to rela The	ted to the content of your name ties whose interests may be ransparency and does not name tionship/activity/interest, in following questions apply t	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.
<u>mar</u>	nuscript only.		
to the med	he epidemiology of hyperte dication, even if that medica	nsion, you should declare a ition is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items,
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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X None	
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5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V 1	
6	Payment for expert	XNone	
	testimony		
7	Cooperat for ottoriding	V. Nana	
	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
_			
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	•	V. Nana	
10	Leadership or fiduciary role in other board, society,	_XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fo	llowing box:
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	lone.		

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Date	e:_03/16/2021				
	r Name:Michael A. Pietra	•			
Mar	nuscript Title: Hepatitis C	Screening Disparities in the	Advent of Broadened American Screening Guidelines: A		
Pers	pective from the United Sta	ites Opioid Capital			
Mar	nuscript number (if known):				
relate to to relate	ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are not any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. s/activities/interests as they relate to the current		
to the	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th	·		
	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	Specifications/Comments		
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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.	XNone			
		Time frame: past	36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

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