

ICMJE DISCLOSURE FORM

Date: 7/11/2023

Your Name: Prof. Piero Lampertico

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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 author's relationships/activities/interests should be defined broadly. 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.

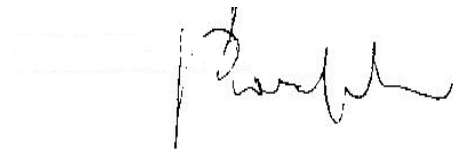
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 7/12/2023

Your Name: Lindsey May

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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

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: 7/11/2023

Your Name: Christopher M Richards

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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Date: 7/13/2023

Your Name: Dong Han

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Manuscript Number (if known): JHEPR-D-23-00429

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Date: 7/14/2023

Your Name: Evguenia Maiorova

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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11	Stock or stock options	<input type="checkbox"/> None	
		Gilead Stockholder	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 7/13/2023

Your Name: Savrina Manhas

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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 author's relationships/activities/interests should be defined broadly. 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.

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		Gilead Stockholder	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 7/12/2023

Your Name: Stephan Urban

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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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4	Consulting fees	<input type="checkbox"/> None	
		Gilead	Scientific advisory board
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/11/2023

Your Name: Tahmineh Akbarnejad Yazdi

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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ICMJE DISCLOSURE FORM

Date: 7/11/2023

Your Name: Thomas Aeschbacher

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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)
11	Stock or stock options	<input type="checkbox"/> None	
		Gilead Stockholder	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 7/13/2023

Your Name: Alex Shornikov

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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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Gilead Sciences												
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		Gilead stockholder	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 12/7/2023

Your Name: DZHAMAL ABDURAKHMANOV

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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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ICMJE DISCLOSURE FORM

Date: 7/14/2023

Your Name: Bin Han

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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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ICMJE DISCLOSURE FORM

Date: 7/12/2023

Your Name: Caleb D Marceau

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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ICMJE DISCLOSURE FORM

Date: 7/13/2023

Your Name: Simin Xu

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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		Gilead stockholder	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 7/11/2023

Your Name: Dmitry Manuilov

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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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ICMJE DISCLOSURE FORM

Date: 7/13/2023

Your Name: Hongmei Mo

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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ICMJE DISCLOSURE FORM

Date: 7/12/2023

Your Name: Julius Hollnberger

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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ICMJE DISCLOSURE FORM

Date: 7/11/2023

Your Name: Roberto Mateo

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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		Gilead stockholder	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

Date: 7/11/2023

Your Name: Ross Martin

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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ICMJE DISCLOSURE FORM

Date: 7/11/2023

Your Name: Silvia Chang

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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ICMJE DISCLOSURE FORM

Date: 7/13/2023

Your Name: Tarik ASSELAH

Manuscript Title: Broad-spectrum activity of bulevirtide against hepatitis delta virus clinical isolates and recombinant, pan-genotype combinations of HBV/HDV

Manuscript Number (if known): JHEPR-D-23-00429

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		Gilead	Payment to Me
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Gilead	To attend meeting (AASLD, EASL)
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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Date: 7/11/2023

Your Name: Yang Liu

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Manuscript Number (if known): JHEPR-D-23-00429

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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