

ICMJE DISCLOSURE FORM

Date: C7/12/2023

Your Name: Anolli Maria Paola

Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations

Manuscript Number (if known): JHEPR-D-23-00276

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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Time frame: past 36 months								
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4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X 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: 7/12/2023

Your Name: Marta Borghi

Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations

Manuscript Number (if known): JHEPR-D-23-00276

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ICMJE DISCLOSURE FORM

Date: 7/12/2023

Your Name: Floriana Facchetti

Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations

Manuscript Number (if known): JHEPR-D-23-00276

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Date: 7/12/2023

Your Name: Riccardo Perbellini

Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations

Manuscript Number (if known): JHEPR-D-23-00276

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Date: 7/12/2023

Your Name: Sara Colonia Uceda Renteria

Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations

Manuscript Number (if known): JHEPR-D-23-00276

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4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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 checked="" type="checkbox"/> None	
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: Ferruccio Ceriotti

Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations

Manuscript Number (if known): JHEPR-D-23-00276

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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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: ELISABETTA DEGASPERI

Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations

Manuscript Number (if known): JHEPR-D-23-00276

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Research Grant from GILEAD Sciences</td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Research Grant from GILEAD Sciences						
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>ROCHE</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	ROCHE								
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>GILEAD Sciences</td><td></td></tr> <tr><td>ABBVIE</td><td></td></tr> <tr><td>ADVAZ PHARMA</td><td></td></tr> </table>	GILEAD Sciences		ABBVIE		ADVAZ PHARMA				
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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: Harel Dahari

Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations

Manuscript Number (if known): JHEPR-D-23-00276

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: Louis Shekhtman

Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations

Manuscript Number (if known): JHEPR-D-23-00276

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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: 7/10/2023

Your Name: Prof. Pietro Lampertico

Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations

Manuscript Number (if known): JHEPR-D-23-00276

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.

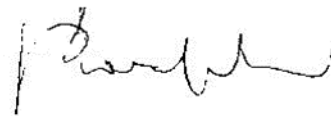
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4	Consulting fees	<input type="checkbox"/> None	
		Bristol Myers, Squibb, Roche, Gilead	All payments were made to me
		GlaxoSmithKline, MSD, Abbvie, Arrowhead	All payments were made to me
		Eiger, Myr Pharma, Janssen	All payments were made to me
5	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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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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: 7/12/2023

Your Name: Dana Sambarino

Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations

Manuscript Number (if known): JHEPR-D-23-00276

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ICMJE DISCLOSURE FORM

Date: 7/11/2023

Your Name: Scott Cotler

Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations

Manuscript Number (if known): JHEPR-D-23-00276

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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