| 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.

| r | | | e all entities with whom you have this ionship or indicate none (add rows as ed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|---|--|---|
| 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. | X | None Time frame: Since the initial planning of the state of the initial planning of the state o | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X | None | |
| 3 | Royalties or licenses | X | None | |

1 12/13/2021 ICMJE Disclosure Form

| | | | e all entities with whom you have this ionship or indicate none (add rows as led) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|---|---|---|---|
| 4 | Consulting fees | X | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None | |
| 6 | Payment for expert testimony | X | None | |
| 7 | Support for attending meetings and/or travel | X | None | |
| 8 | Patents planned, issued or pending | X | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None | |

| | | | e all entities with whom you have this onship or indicate none (add rows as ed) | 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 | |
| Plea X | | | e following statement to indicate your agreem ered every question and have not altered the w | |

3 12/13/2021 ICMJE Disclosure Form

| Date: | | 7/12/2023 | |
|---|---------|--|---|
| Date. | | 1/12/2023 | |
| Your Name: | | Marta Borghi | |
| Manuscript Title: | | Modelling HDV kinetics under ent existence of two HDV-infected cell | ry-inhibitor Bulevirtide suggests the populations |
| Manuscript Number (if I | 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. | | ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if | |
| | Name al | l entities with whom you have this | Specifications/Comments (e.g., if payments were |

| | | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 months | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | | |
| 13 | Other financial or non-financial interests | None | | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | |

| Date: | | | 7/12/2023 | | |
|--|--|-----------|---|---|--|
| Your Name: Manuscript Title: | | | Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations | | |
| | | | | | |
| Mar | nuscript Number (if | known): | JHEPR-D-23-00276 | | |
| content of your manuscript. "Re affected by the content of the mindicate a bias. If you are in double the author's relationships/activities epidemiology of hypertension, you that medication is not mentioned." | | | ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For early u should declare all relationships with manufain the manuscript. | /interest, it is preferable that you do so. | |
| | | | l entities with whom you have this | Specifications/Comments (e.g., if payments were | |
| | | relations | ship or indicate none (add rows as needed) | made to you or to your institution) | |
| | | | Time frame: Since the initial planning | of the work | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, | | one | Click the tab key to add additional rows. | |
| | medical writing, article processing charges, etc.) No time limit for this item. | | I | | |
| | | | Time frame: past 36 month | s | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] N | one | | |
| 3 | Royalties or licenses | ⊠ N | one | | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | | |
| 13 | Other financial or non-financial interests | None | | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | |

| Date: 7/12/202 | | 7/12/2023 | | | |
|---|--|---|--|--|--|
| Your Name: | | Riccardo Perbellini | Riccardo Perbellini | | |
| Manuscript Title: | | Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests existence of two HDV-infected cell populations | Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests the existence of two HDV-infected cell populations | | |
| Mai | nuscript Number (if k | JHEPR-D-23-00276 | | | |
| con affe | tent of your manuscr cted by the content o | ncy, we ask you to disclose all relationships/activities/interests listed below that are related to . "Related" means any relation with for-profit or not-for-profit third parties whose interests the manuscript. Disclosure represents a commitment to transparency and does not necessarial doubt about whether to list a relationship/activity/interest, it is preferable that you do so. | may be | | |
| epic | 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. | | | | |
| | em #1 below, report ne for disclosure is th | support for the work reported in this manuscript without time limit. For all other items, the past 36 months. | time | | |
| | | ame all entities with whom you have this lationship or indicate none (add rows as needed) Specifications/Comments (e.g., if paym made to you or to your institution) | ents were | | |
| | | Time frame: Since the initial planning of the work | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, | None Click the tab key to add additional rows. | | | |
| article processing charges, etc.) No time limit for this item. | | | | | |
| | | Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item | None None | | | |
| | #1 above). | | | | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | | |
| 13 | Other financial or non-financial interests | None | | |
| Plea | 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. | | | |

| 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 |

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.

| | | | e all entities with whom you have this onship 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 |
| | 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. | [x] | None | Click the tab key to add additional rows. |
| | | 1 | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [x] | None | |
| 3 | Royalties or licenses | [x] | 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) |
|----|---|--|---|
| 4 | Consulting fees | x None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None | |
| 6 | Payment for expert testimony | x None | |
| 7 | Support for attending meetings and/or travel | X None | |
| 8 | Patents planned, issued or pending | x None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | X None |
| Plea | | t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions on this 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 | | |
| Ma | nuscript Number (if k | (nown): | JHEPR-D-23-00276 | | |
| content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activities | | ipt. "Rela of the ma e in doub os/activiti nsion, yo | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. | | |
| In item #1 below, report all support frame for disclosure is the past 36 n | | | | ithout time limit. For all other items, the time | |
| | | Name al | l entities with whom you have this | Specifications/Comments (e.g., if payments were | |
| | | relations | ship or indicate none (add rows as needed) | made to you or to your institution) | |
| | | relations | ship or indicate none (add rows as needed) Time frame: Since the initial planning of | | |
| 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. | [] | | | |
| 1 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | | Time frame: Since the initial planning of | Click the tab key to add additional rows. | |
| 2 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | | Time frame: Since the initial planning one | Click the tab key to add additional rows. | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | [⊠] None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | | |
| 13 | Other financial or non-financial interests | None | | |
| Plea | 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. | | | |

| 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. | | |
| 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. | | |

Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the None present 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 Grants or None contracts from any entity (if not Research Grant from GILEAD Sciences indicated in item #1 above). Royalties or \boxtimes None licenses

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | ROCHE | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | GILEAD Sciences ABBVIE ADVAZ PHARMA | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | GILEAD Sciences ABBVIE ADVANZ PHARMA | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ABBVIE ROCHE | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | | |
| 13 | Other financial or non-financial interests | None | | |
| Plea | 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. | | | |

| Date: | | | 7/12/2023 | | |
|---|--|-----------|---|--|--|
| Your Name: | | | Harel Dahari | | |
| Manuscript Title: | | | Modelling HDV kinetics under ent existence of two HDV-infected cell | ry-inhibitor Bulevirtide suggests the populations | |
| Maı | nuscript Number (if k | nown): | JHEPR-D-23-00276 | | |
| con affe | 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. | | | | |
| epic | • | nsion, yo | | example, if your manuscript pertains to the acturers of antihypertensive medication, even if | |
| 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. | | | ithout time limit. For all other items, the time | | |
| | | | l entities with whom you have this ship 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | | one | Click the tab key to add additional rows. | |
| | | | Time frame: past 36 month | | |
| 2 | | | Time marrie: past so month | S | |

1 12/13/2021 ICMJE Disclosure Form

#1 above).

Royalties or

licenses

⊠ 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| 13 | Other financial or non-financial interests | 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. | | | |

| 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 | | |
| 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 | | | |

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.

| | | | e all entities with whom you have this onship 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | | None | Click the tab key to add additional rows. |
| | | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | NIH | None | |
| 3 | Royalties or licenses | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | ⊠ None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | | |
| 13 | Other financial or non-financial interests | None | | |
| Plea 🖂 | 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. | | | |

| Date: | 7/10/2023 | |
|--|-------------------------|--|
| Your Name: | Prof. Pietro Lampertico | |
| Manuscript Title: Modelling HDV kinetics under entry-inhibitor Bulevirtide suggests t 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. | | |

| | | 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 |
| | 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. | None Time frame: past 36 month | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None None | |
| 3 | Royalties or licenses | 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) |
|----|---|---|--|
| 4 | Consulting fees | Bristol Myers, Squibb, Roche, Gilead GlaxoSmithKline, MSD, Abbvie, Arrowhead Eiger, Myr Pharma, Janssen | All payments were made to me All payments were made to me All payments were made to me |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

Bould

| 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 | | |
| Mar | nuscript Number (if | known): | JHEPR-D-23-00276 | | |
| content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned | | ript. "Rela of the ma re in doub ps/activiti ension, you nentioned t all suppo | rt for the work reported in this manuscript without time limit. For all other items, the time | | |
| | | Name al | l entities with whom you have this | Specifications/Comments (e.g., if payments were | |
| | | | ship or indicate none (add rows as needed) | made to you or to your institution) | |
| | | | Time frame: Since the initial planning | of the work | |
| 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. | [⊠] No | one | Click the tab key to add additional rows. | |
| | | | Time frame: past 36 month | S | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] No | one | | |
| 3 | Royalties or licenses | ⊠ No | one | | |

| | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | Image: square of the property o | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Image: square of the square o | |
| 13 | Other financial or non-financial interests | 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. | | | |

| 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.

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.

| | | | e all entities with whom you have this onship 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | | None | Click the tab key to add additional rows. |
| | Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | NIH | None | |
| 3 | Royalties or licenses | | 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) |
|----|---|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ■ None | |
| 13 | Other financial or non-financial interests | 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. | | | |