

## ICMJE DISCLOSURE FORM

**Date:** 10/9/2023

**Your Name:** Andrea Herranz Mochales

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; padding: 5px; min-height: 100px;">                         This study was supported by Gilead Sciences, through the competitive research call HCV STAT. The funding body had no role in study design, data collection, data analysis, data interpretation, or writing of the report.                     </div>
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

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

**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:** 10/9/2023

**Your Name:** Camila A Picchio

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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:** 3/20/2024

**Your Name:** Aina Nicolàs

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 10/9/2023

**Your Name:** María Dolores Macià

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

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**Date:** 10/9/2023

**Your Name:** María Victoria Fernández-Baca

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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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:** 10/9/2023

**Your Name:** Joaquín Serrano

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Date:** 10/9/2023

**Your Name:** Lucía Bonet

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

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## ICMJE DISCLOSURE FORM

**Date:** 10/9/2023

**Your Name:** Marita Trelles

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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

**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:** 10/9/2023

**Your Name:** Andreu Sansó

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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:** 10/9/2023

**Your Name:** Alicia R Rubí

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 10/9/2023

**Your Name:** Antonio Zamora

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 10/9/2023

**Your Name:** Mercedes García-Gasalla

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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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**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:** 10/9/2023

**Your Name:** Maria Buti

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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: Since the initial planning of the work		
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; padding: 5px; min-height: 100px;">                         This study was supported by Gilead Sciences, through the competitive research call HCV STAT. The funding body had no role in study design, data collection, data analysis, data interpretation, or writing of the report.                     </div>
Time frame: past 36 months		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

		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	<input type="checkbox"/> None	
		Gilead Sciences, AbbVie, GlaxoSmithKline, and Assembly Biosciences	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Gilead Sciences and AbbVie	
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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## ICMJE DISCLOSURE FORM

**Date:** 10/9/2023

**Your Name:** Àngels Vilella

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Abbvie Spain SL and Gilead Sciences SL</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>	Abbvie Spain SL and Gilead Sciences SL								
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## ICMJE DISCLOSURE FORM

**Date:** 10/9/2023

**Your Name:** Jeffrey V Lazarus

**Manuscript Title:** The Hepatitis C Free Balears project: implementing a new HCV model of care for people who use drugs in the Balearic Islands, Spain

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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