

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ana	2. Surname (Last Name) da Silva Filipe	3. Date 16-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ankcorn
5. Manuscript Title Convalescent Plasma Therapy for Persistent Hepatitis E Virus Infection		
6. Manuscript Identifying Number (if you know it) JHEPAT-D-19-00148R1		

Section 2. The Work Under Consideration for Publication

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Dr. da Silva Filipe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Chris

2. Surname (Last Name)

Davis

3. Date

16-March-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Ankcorn

5. Manuscript Title

Convalescent Plasma Therapy for Persistent Hepatitis E Virus Infection

6. Manuscript Identifying Number (if you know it)

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Dr. Davis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Emma

2. Surname (Last Name)

Thomson

3. Date

16-March-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Ankcorn

5. Manuscript Title

Convalescent Plasma Therapy for Persistent Hepatitis E Virus Infection

6. Manuscript Identifying Number (if you know it)

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Dr. Thomson has nothing to disclose.

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Heli

2. Surname (Last Name)

Harvala

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16-March-2019

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Yes No

Corresponding Author's Name

Michael Ankcorn

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Dr. Harvala has nothing to disclose.

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1. Given Name (First Name) Jennifer	2. Surname (Last Name) Gallacher	3. Date 16-March-2019
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1. Given Name (First Name) Joshua	2. Surname (Last Name) Singer	3. Date 16-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ankcorn
5. Manuscript Title Convalescent Plasma Therapy for Persistent Hepatitis E Virus Infection		
6. Manuscript Identifying Number (if you know it) JHEPAT-D-19-00148R1		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Singer has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Katherine	2. Surname (Last Name) Smollett	3. Date 16-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ankcorn
5. Manuscript Title Convalescent Plasma Therapy for Persistent Hepatitis E Virus Infection		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
michael

2. Surname (Last Name)
Ankcorn

3. Date
16-March-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Convalescent Plasma Therapy for Persistent Hepatitis E Virus Infection

6. Manuscript Identifying Number (if you know it)
JHEPAT-D-19-00148R1

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Marc

2. Surname (Last Name)

Niebel

3. Date

16-March-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Ankcorn

5. Manuscript Title

Convalescent Plasma Therapy for Persistent Hepatitis E Virus Infection

6. Manuscript Identifying Number (if you know it)

JHEPAT-D-19-00148R1

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Dr. Niebel has nothing to disclose.

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Richard

2. Surname (Last Name)

Tedder

3. Date

16-March-2019

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Yes No

Corresponding Author's Name

Michael Ankcorn

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Samreen	2. Surname (Last Name) Ijaz	3. Date 16-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ankcorn
5. Manuscript Title Convalescent Plasma Therapy for Persistent Hepatitis E Virus Infection		
6. Manuscript Identifying Number (if you know it) JHEPAT-D-19-00148R1		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Ijaz has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sheila

2. Surname (Last Name)

Maclennan

3. Date

16-March-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Ankcorn

5. Manuscript Title

Convalescent Plasma Therapy for Persistent Hepatitis E Virus Infection

6. Manuscript Identifying Number (if you know it)

JHEPAT-D-19-00148R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Maclennan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Stuart	2. Surname (Last Name) McPherson	3. Date 16-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ankcorn
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Dr. McPherson has nothing to disclose.

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1. Given Name (First Name) Yusri	2. Surname (Last Name) Taha	3. Date 16-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ankcorn
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