

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
JOAQUIN

2. Surname (Last Name)  
CABEZAS

3. Date  
26-August-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
SARS-CoV-2 massive testing: a window of opportunity to catch up with HCV elimination

6. Manuscript Identifying Number (if you know it)  
NA

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Dr. CABEZAS 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) JAVIER	2. Surname (Last Name) CRESPO	3. Date 26-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JOAQUIN CABEZAS
5. Manuscript Title SARS-CoV-2 massive testing: a window of opportunity to catch up with HCV elimination		
6. Manuscript Identifying Number (if you know it) NA		

### Section 2. The Work Under Consideration for Publication

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Dr. CRESPO has nothing to disclose.

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1. Given Name (First Name)

ÁLVARO

2. Surname (Last Name)

DIAZ-GONZALEZ

3. Date

26-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

JOAQUIN CABEZAS

5. Manuscript Title

SARS-CoV-2 massive testing: a window of opportunity to catch up with HCV elimination

6. Manuscript Identifying Number (if you know it)

NA

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PAULA

2. Surname (Last Name)

IRUZUBIETA

3. Date

26-August-2020

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Yes  No

Corresponding Author's Name

JOAQUIN CABEZAS

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