

## ICMJE DISCLOSURE FORM

**Date:** 6/30/2022

**Your Name:** [CHEVALIEZ]

**Manuscript Title:** [Clinical and virological features of chronic hepatitis B in the French national surveillance program, 2008-2012: a cross-sectional study]

**Manuscript Number (if known):** JHEPR-D-22-00083

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:** 6/30/2022

**Your Name:** [Cécile Brouard ]

**Manuscript Title:** [Clinical and virological features of chronic hepatitis B in the French national surveillance program, 2008-2012: a cross-sectional study ]

**Manuscript Number (if known):** JHEPR-D-22-00083

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## ICMJE DISCLOSURE FORM

**Date:** 6/30/2022

**Your Name:** [Françoise ROUDOT-THORAVAL ]

**Manuscript Title:** [Clinical and virological features of chronic hepatitis B in the French national surveillance program, 2008-2012: a cross-sectional study ]

**Manuscript Number (if known):** JHEPR-D-22-00083

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**Your Name:** [Brichler Segolene ]

**Manuscript Title:** [Clinical and virological features of chronic hepatitis B in the French national surveillance program, 2008-2012: a cross-sectional study ]

**Manuscript Number (if known):** JHEPR-D-22-00083

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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:** 6/30/2022

**Your Name:** [GORDIEN ]

**Manuscript Title:** [Clinical and virological features of chronic hepatitis B in the French national surveillance program, 2008-2012: a cross-sectional study ]

**Manuscript Number (if known):** JHEPR-D-22-00083

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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		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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## ICMJE DISCLOSURE FORM

**Date:** 6/30/2022

**Your Name:** [Veronique BRODARD ]

**Manuscript Title:** [Clinical and virological features of chronic hepatitis B in the French national surveillance program, 2008-2012: a cross-sectional study ]

**Manuscript Number (if known):** JHEPR-D-22-00083

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