Date:	11/13/2022
Your Name:	Abhishek Aggarwal
Manuscript Title:	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB
Manuscript Number (if known):	JHEPR-D-22-00621R1

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			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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Date:	11/13/2022
Your Name:	Pamela Odorizzi
Manuscript Title:	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB
Manuscript Number (if known):	JHEPR-D-22-00621R1

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4	Consulting fees	None 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	
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Dear J Hep Reports,

Enclosed please find our revised article, which incorporates the feedback from the original Journal of Hepatology reviewers, the additional input from J Hep Reports Reviewers and the editorial team.

Sincerely,

Scott J Balsitis, PhD Senior Director, Biology Gilead Sciences, Inc 324 Lakeside Drive Foster City, CA 94404

Scott.Balsitis@Gilead.com

Dat	e:		11/12/2022		
Your Name:			Jens Brodbeck		
Manuscript Title:			Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB		
Mai	nuscript Number (if kr	nown):	JHEPR-D-22-00621R1		
In the interest of transparency, we 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		pt. "Relation of the man in doubt of s/activitions on the control of the control	nted" 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 each of the u should declare all relationships with manufin the manuscript.	/interest, it is preferable that you do so.	
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	ICMJE DISCLOSURE FORM		
Date:	Date: 11/14/2022		
Your Name:	Nicholas van Buuren		
Manuscript Title: Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB			
Manuscript Number (if k	known): JHEPR-D-22-00621R1		
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4	Consulting fees	None	
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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	
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Date:	11/14/2022
Your Name:	Christina Moon
Manuscript Title:	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB
Manuscript Number (if known):	JHEPR-D-22-00621R1

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4	Consulting fees	None 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	
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Date:	11/14/2022
Your Name:	Silvia Chang
Manuscript Title:	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB
Manuscript Number (if known):	JHEPR-D-22-00621R1
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	charges, etc.) No time limit for this item.	Time frame: past 36 month	
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3	Royalties or licenses	None	

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4	Consulting fees	None 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	
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	Stock or stock options		
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	Other financial or non-financial interests	n-financial	
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		place an "X" next to the following statement to indicate your agreementify that I have answered every question and have not altered the w	

Date:	11/15/2022
Your Name:	MaryVic Adona
Manuscript Title:	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB
Manuscript Number (if known):	JHEPR-D-22-00621R1

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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Date:		11/1	11/14/2022		
Your Name:		Silpa	Silpa Suthram		
Manuscript Title:		The state of the s	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB		
Ma	nuscript Number (if kn	own): JHEP	R-D-22-00621R1		
content of your manuscript. "Rela affected by the content of the man			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.		
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			ies with whom you have this r indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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1	All support for the present		r indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)	
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6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	□ None	
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13	Other financial or non-financial interests	None	
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Date:	11/11/2022
Your Name:	Vithika Suri
Manuscript Title:	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB
Manuscript Number (if known):JHEPR-D-22-00621R1	
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4	Consulting fees	None 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	

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Date:	11/11/2022
Your Name:	Torsten Trowe
Manuscript Title:	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB
Manuscript Number (if known):	JHEPR-D-22-00621R1

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2	Grants or	⊠ None	
	contracts from any entity (if not	П	
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4	Consulting fees	None 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 None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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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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		Gilead	Stock	
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			Stock	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
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Date:		-	11/15/2022		
Your Name:		-	Scott Turner		
Manuscript Title:		<u>-</u>	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB		
Mai	nuscript Number (if k	nown):	JHEPR-D-22-00621R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ipt. "Rela of the mar e in doubt as/activitie nsion, you entioned i all suppor	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 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. et for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this hip 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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1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	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	Gilead S	Sciences	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	
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:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

FULL DISCLOSURE OF FINANCIAL INTERESTS OR RELATIONSHIPS

I, the undersigned, declare that I have the following relationship with manufacturers of a commercial product(s).

Gilead : grant and expert

MSD: grant

Abbvie: grant

Mylan: speaker

Genfit grant

Eiger: Grant, investigator

Myrpharma: Grant

Cepheid: Grant

Assemblybio Grant

Intercept: grant

Madrigal grant

Janssen grant

Pfizer grant

Roche grant

I receive no salary, and no regular remuneration and no royalty from any drug-company. I own no stock option from any drug-company

Patrick Marcellin, MD

16/04/2021

Date:	11/12/2022
Your Name:	MARIA BUTI
Manuscript Title:	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB
Manuscript Number (if known):	JHEPR-D-22-00621R1

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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			
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.	Gilead Sciences	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).	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	Gilead ABBVIE	
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	

			entities with whom you have this thip 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	No.	one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No.	one	
13	Other financial or non-financial interests	No.	one	
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:			11/16/2022	
You	r Name:		Anuj Gaggar	
Manuscript Title:			Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB	
Mar	nuscript Number (if k	nown):	JHEPR-D-22-00621R1	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ipt. "Rela of the ma e in doub s/activitionsion, you entioned all suppo	rt for the work reported in this manuscript without time limit. For all other items, the time	
	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)			Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning o	of the work
	All support for the present manuscript (e.g., funding, provision of study materials,		Sciences	
	medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.		Time frame: past 36 months	
2	article processing charges, etc.) No time limit for		Time frame: 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)
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:		
\boxtimes	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

Date:	11/11/2022	
Your Name:	Simon Fletcher	
Manuscript Title:	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB	
Manuscript Number (if known):	JHEPR-D-22-00621R1	
content of your manuscript. "Rela affected by the content of the ma	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 unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.	
• •	ies/interests should be defined broadly. For example, if your manuscript pertains to the ou should declare all relationships with manufacturers of antihypertensive medication, even if I in the manuscript.	
In item #1 heless report all suppe	art for the work reported in this manuscript without time limit. For all other items, the time	

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.

		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.	Gilead Sciences, Inc.	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).	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	⊠ Gilead Sciences, Inc.	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	Gilead Sciences, Inc. I am an employee of Gilead Sciences.	
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:	11/16/2022
Your Name:	Becket Feierbach
Manuscript Title:	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB
Manuscript Number (if known):	JHEPR-D-22-00621R1

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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)
		Time frame: Since the initial planning o	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.		I am a current employee of Gilead Sciences Inc. The research was funded whole by Gilead Sciences Inc. Click the tab key to add additional rows.
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	Gilead Sciences	My conference support was funded by Gilead Sciences, because I am an employee.
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	
		Gilead Sciences	I have received stock grants from Gilead Sciences because I am an employee.
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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.		

TOWNSE DISCUSSIONE TO THE			
Date: 11/13/2022			
Your Name:	Lauri Diehl		
Manuscript Title:	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB		
Manuscript Number (if known):JHEPR-D-22-00621R1			
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Name all entities with whom you have this Specifications/Comments (e.g., if payments were made to you or to your institution) relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., Gilead Sciences funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or \boxtimes None contracts from any entity (if not indicated in item #1 above). Royalties or \boxtimes None licenses

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4	Consulting fees	None 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 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 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)
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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:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	11/13/2022
Your Name:	Scott Balsitis
Manuscript Title:	Intrahepatic HBV Antigen Quantification Reveals Heterogeneity and Treatment Mediated Reduction in HBV Core-Positive Cells in CHB
Manuscript Number (if known):	JHEPR-D-22-00621R1

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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)
		Time frame: Since the initial planning of	of the work
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			ications/Comments (e.g., if payments were 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	Gilead Sciences	
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 None	

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11	Stock or stock options	Gilead Sciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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