ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>Given Name (First Name)</th>
<th>Surname (Last Name)</th>
<th>Date</th>
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<td>Weizhen</td>
<td>Weng</td>
<td>09-December-2020</td>
</tr>
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4. Are you the corresponding author? [ ] Yes [x] No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Weng has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Xiaohua

2. Surname (Last Name)  
   Peng

3. Date  
   09-December-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Youpeng Chen

5. Manuscript Title  
   Nutritional characteristics and supportive treatment of hepatitis B virus-related liver diseases

6. Manuscript Identifying Number (if you know it)  
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Dr. Peng has nothing to disclose.

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1. Given Name (First Name)  
Chang

2. Surname (Last Name)  
Gao

3. Date  
09-December-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Youpeng Chen

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   Youpeng

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   Chen

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