

# ICMJE DISCLOSURE FORM

**Date:** 9/26/2024

**Your Name:** Mya Happe

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 9/26/2024

**Your Name:** Rebecca M Lynch

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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**Date:** 10/2/2024

**Your Name:** Anjali Bhatnagar

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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**Date:** 9/23/2021

**Your Name:** Aryan Namboodiri

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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**Date:** 9/26/2024

**Your Name:** Bob Chien-li Lin

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 690 1516 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

# ICMJE DISCLOSURE FORM

**Date:** 10/23/2024

**Your Name:** Bridget Dwyer

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Bridget Dwyer, Lynch Lab, George Washington University</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Bridget Dwyer, Lynch Lab, George Washington University					Click the tab key to add additional rows.
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						



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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Traveled to Keystone Conference in June 2023 to present this work</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Traveled to Keystone Conference in June 2023 to present this work								
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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# ICMJE DISCLOSURE FORM

**Date:** 9/27/2024

**Your Name:** Carl J. Fichtenbaum

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Gilead Sciences</td><td>Grant to institution for research</td></tr> <tr><td>ViiV Healthcare/GSK</td><td>Grant to institution for research</td></tr> <tr><td>Merck</td><td>Grant to institution for research</td></tr> <tr><td>Moderna</td><td>Grant to institution for research</td></tr> </table>	Gilead Sciences	Grant to institution for research	ViiV Healthcare/GSK	Grant to institution for research	Merck	Grant to institution for research	Moderna	Grant to institution for research
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>AIDS Education Training Centers</td> <td>Various lectures</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		AIDS Education Training Centers	Various lectures						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>SMC Chair – Car T Cell HIV Research Study</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		SMC Chair – Car T Cell HIV Research Study							
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>President, Infectious Diseases Society of Ohio</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		President, Infectious Diseases Society of Ohio							
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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:** 10/16/2024

**Your Name:** Eli A Boritz

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						

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# ICMJE DISCLOSURE FORM

**Date:** 10/18/204

**Your Name:** Edmund V. Capparelli, PharmD

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 9/27/2024

**Your Name:** Frida Belinky

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

**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.

# ICMJE DISCLOSURE FORM

**Date:** 10/21/2024

**Your Name:** Grace Chen

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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.

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.

	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)
<b>Time frame: Since the initial planning of the work</b>		
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X <b>None</b>  Click the tab key to add additional rows.
<b>Time frame: past 36 months</b>		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	X <b>None</b>
<b>3</b>	Royalties or licenses	X <b>None</b>

		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	X <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X <b>None</b>	
6	Payment for expert testimony	X <b>None</b>	
7	Support for attending meetings and/or travel	X <b>None</b>	
8	Patents planned, issued or pending	X <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X <b>None</b>	



		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)
<b>11</b>	Stock or stock options	X <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X <b>None</b>	
<b>13</b>	Other financial or non-financial interests	X <b>None</b>	

**Please place an "X" next to the following statement to indicate your agreement:**

X    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:** 10/4/2024

**Your Name:** Jhoanna C. Roa

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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:** 10/3/2024

**Your Name:** Julie Ledgerwood

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Click the tab key to add additional rows.						
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# ICMJE DISCLOSURE FORM

**Date:** 10/3/2024

**Your Name:** Jorge L. Santana

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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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)								
4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Gilead Pharma</td> <td>HIV and HCV franchise speaker not related to either of the study products</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Gilead Pharma	HIV and HCV franchise speaker not related to either of the study products						
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11	Stock or stock options	<input type="checkbox"/> None	
		Gilead Pharma	No payments done to me or Institution
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

## ICMJE DISCLOSURE FORM

**Date:** 9/26/2024

**Your Name:** [Janardan P. Pandey]

**Manuscript Title:** [Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection]

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

# ICMJE DISCLOSURE FORM

**Date:** 10/15/2024

**Your Name:** John R Mascola

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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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☒ 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:** 10/4/2021

**Your Name:** LaSonji Holman

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 9/27/2024

**Your Name:** Laura Novik

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 9/26/2024

**Your Name:** Manjula Basappa

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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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:** 9/26/2024

**Your Name:** Mihelle Conan-Cibotti, Ph.D., RAC (US, EU)

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 10/16/2022

**Your Name:** Pablo Tebas

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 8/26/2021

**Your Name:** Richard Koup

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 10/3/2024

**Your Name:** Robin Carroll

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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## ICMJE DISCLOSURE FORM

**Date:** 10/16/2024

**Your Name:** Raphael J. Landovitz

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Gilead Sciences</td> <td>Made to me</td> </tr> <tr> <td>Merck Inc</td> <td>Made to me</td> </tr> <tr> <td>RedQueen Therapeutics</td> <td>Made to me</td> </tr> <tr> <td>ViiV Healthcare</td> <td>Made to me</td> </tr> </table>		Gilead Sciences	Made to me	Merck Inc	Made to me	RedQueen Therapeutics	Made to me	ViiV Healthcare	Made to me
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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**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.



# ICMJE DISCLOSURE FORM

**Date:** 8/6/2021

**Your Name:** Randall Tressler, MD

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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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.

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# ICMJE DISCLOSURE FORM

**Date:** 10/3/2024

**Your Name:** Rachel Presti

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 8/6/2021

**Your Name:** Randall Tressler, MD

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 10/15/2024

**Your Name:** Sung Hee Ko

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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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:** 10/3/2024

**Your Name:** Susan L Koletar

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 9/27/2024

**Your Name:** Zonghui Hu

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 9/30/2024

**Your Name:** Jing Wang

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 10/3/2024

**Your Name:** Leo Serebryanny

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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# ICMJE DISCLOSURE FORM

**Date:** 9/27/2024

**Your Name:** Larisa Strom

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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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:** 10/4/2024

**Your Name:** Sandeep R Narpala

**Manuscript Title:** Virologic effects of broadly neutralizing antibodies VRC01LS and VRC07-523LS on chronic HIV-1 infection

**Manuscript Number (if known):** 181496-INS-CMED-TR-2

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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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.

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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Click the tab key to add additional rows.						
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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