

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

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)						
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 100px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							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).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 100px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 100px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	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

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)						
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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Funding from ACTG</td> <td style="width: 90%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">Click the tab key to add additional rows.</td> </tr> </table>	Funding from ACTG					Click the tab key to add additional rows.	
Funding from ACTG									
	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).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">UM1AI068636</td> <td style="width: 90%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	UM1AI068636						
UM1AI068636									
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	10/2/2024
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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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: 9/23/2021

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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20%;"></td><td style="width: 80%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20%;"></td><td style="width: 80%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20%;"></td><td style="width: 80%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	Bob Chien-li Lin
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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20%;"></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>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20%;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20%;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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.

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)
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.	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">BrIDGET DWYER, LYNCH LAB, GEORGE WASHINGTON UNIVERSITY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; height: 40px; vertical-align: top;">Click the tab key to add additional rows.</div>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"></div>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"></div>	

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">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							
Traveled to Keystone Conference in June 2023 to present this work											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	9/27/2024
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

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)								
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.		
	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).	<input type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;">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
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										
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; padding: 2px;">AIDS Education Training Centers</td><td style="width: 50%; padding: 2px;">Various lectures</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	AIDS Education Training Centers	Various lectures						
AIDS Education Training Centers	Various lectures										
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></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 type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; padding: 2px;">SMC Chair – Car T Cell HIV Research Study</td><td style="width: 50%; padding: 2px;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	SMC Chair – Car T Cell HIV Research Study							
SMC Chair – Car T Cell HIV Research Study											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; padding: 2px;">President, Infectious Diseases Society of Ohio</td><td style="width: 50%; padding: 2px;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	President, Infectious Diseases Society of Ohio							
President, Infectious Diseases Society of Ohio											

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	10/16/2024
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

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)						
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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">NIH Intramural Research Program</td> <td style="width: 90%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">Click the tab key to add additional rows.</td> </tr> </table>	NIH Intramural Research Program					Click the tab key to add additional rows.	
NIH Intramural Research Program									
	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).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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: 10/18/204

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

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)						
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.	<input type="checkbox"/> None <table border="1"><tr><td>Leidos</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>	Leidos					Click the tab key to add additional rows.	
Leidos									
	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).	<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>							
3	Royalties or licenses	<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>							

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	9/27/2024
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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	10/21/2024
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)
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.	X None	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).	X None	
3	Royalties or licenses	X 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	X	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X	None	
6	Payment for expert testimony	X	None	
7	Support for attending meetings and/or travel	X	None	
8	Patents planned, issued or pending	X	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X	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	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	10/4/2024
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.

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)						
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 100px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							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).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 100px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 100px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	10/3/2024
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.

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></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: 10/3/2024

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

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)						
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.	<input type="checkbox"/> None <table border="1"><tr><td>Gilead Pharma</td><td>Grants for study drugs none for any of these products</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td>Click the tab key to add additional rows.</td></tr></table>	Gilead Pharma	Grants for study drugs none for any of these products				Click the tab key to add additional rows.	
Gilead Pharma	Grants for study drugs none for any of these products								
	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).	<input type="checkbox"/> None <table border="1"><tr><td>See above item</td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	See above item						
See above item									
3	Royalties or licenses	<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>							

		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"/> None <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							
Gilead Pharma	HIV and HCV franchise speaker not related to either of the study products										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Gilead</td><td>See above</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Gilead	See above							
Gilead	See above										
6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<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>									
8	Patents planned, issued or pending	<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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>									

		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	<input type="checkbox"/> None <table border="1"> <tr><td>Gilead Pharma</td><td>No payments done to me or Institution</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Gilead Pharma	No payments done to me or Institution					
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 <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<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>							
<p>Please place an "X" next to the following statement to indicate your agreement:</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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 40px;"></td><td style="width: 50%; height: 40px;"></td></tr> <tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr> <tr><td style="height: 40px;"></td><td style="height: 40px; text-align: center;">Click the tab key to add additional rows.</td></tr> </table>							Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 40px;"></td><td style="width: 50%; height: 40px;"></td></tr> <tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr> <tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr> </table>							
3 Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 40px;"></td><td style="width: 50%; height: 40px;"></td></tr> <tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr> <tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr> </table>							

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></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:	10/15/2024
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.

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)						
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.	<input type="checkbox"/> None <table border="1"><tr><td>NIAID intramural support</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>	NIAID intramural support					Click the tab key to add additional rows.	
NIAID intramural support									
	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).	<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>							
3	Royalties or licenses	<input type="checkbox"/> None <table border="1"><tr><td>Royalties on NIH patents</td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Royalties on NIH patents						
Royalties on NIH patents									

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Co inventor on NIH patent for VRC01 and VRC07-523</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Co inventor on NIH patent for VRC01 and VRC07-523							
Co inventor on NIH patent for VRC01 and VRC07-523											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	10/4/2021
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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	9/27/2024
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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	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

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)						
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 100px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							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).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 100px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 100px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	10/16/2022
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

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)						
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.	<input type="checkbox"/> None <table border="1"><tr><td>National Institutes of Health</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>	National Institutes of Health					Click the tab key to add additional rows.	
National Institutes of Health									
	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).	<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>							
3	Royalties or licenses	<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>							

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	10/3/2024
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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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: 10/16/2024

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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20%;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20%;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20%;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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"/> 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	
Gilead Sciences	Made to me										
Merck Inc	Made to me										
RedQueen Therapeutics	Made to me										
ViiV Healthcare	Made to me										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<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>									
8	Patents planned, issued or pending	<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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td>Merck Inc</td><td>Scientific Advisory Board Member</td></tr> <tr><td>RedQueen Therapeutics</td><td>Scientific Advisory Board Member</td></tr> <tr><td>ViiV Healthcare</td><td>Scientific Advisory Board Member</td></tr> </table>	Merck Inc	Scientific Advisory Board Member	RedQueen Therapeutics	Scientific Advisory Board Member	ViiV Healthcare	Scientific Advisory Board Member			
Merck Inc	Scientific Advisory Board Member										
RedQueen Therapeutics	Scientific Advisory Board Member										
ViiV Healthcare	Scientific Advisory Board Member										

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; padding: 2px;">ViiV Healthcare</td><td style="width: 50%; padding: 2px;">Financial interest</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	ViiV Healthcare	Financial interest							
ViiV Healthcare	Financial interest										

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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20%;"></td><td style="width: 80%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20%;"></td><td style="width: 80%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20%;"></td><td style="width: 80%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	10/3/2024
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

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)						
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.	<p><input type="checkbox"/> None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SUM1 AI069439</td> <td style="width: 50%;">Institution</td> </tr> <tr> <td colspan="2" style="text-align: center;">Click the tab key to add additional rows.</td> </tr> </table>		SUM1 AI069439	Institution	Click the tab key to add additional rows.			
SUM1 AI069439	Institution								
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).	<p><input checked="" type="checkbox"/> None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> </td> </tr> </table>							
3	Royalties or licenses	<p><input checked="" type="checkbox"/> None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> </td> </tr> </table>							

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Viiv</td><td>Travel for an investigator meeting was arranged and paid for by external agency. Total value <\$1000. Payment was not made to me</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Viiv	Travel for an investigator meeting was arranged and paid for by external agency. Total value <\$1000. Payment was not made to me						
Viiv	Travel for an investigator meeting was arranged and paid for by external agency. Total value <\$1000. Payment was not made to me										
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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: 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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	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

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)						
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 100px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							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).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 100px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 100px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	10/3/2024
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

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)						
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.	<input type="checkbox"/> None <table border="1"><tr><td>NIH</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>	NIH					Click the tab key to add additional rows.	
NIH									
	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).	<input type="checkbox"/> None <table border="1"><tr><td>Gilead Sciences</td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Gilead Sciences						
Gilead Sciences									
3	Royalties or licenses	<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>							

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	9/27/2024
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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	9/30/2024
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

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)								
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr> </table>								Click the tab key to add additional rows.	
	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).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	10/3/2024
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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	9/27/2024
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

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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:	10/4/2024
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.

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)						
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		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 checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></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"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
<p>Please place an "X" next to the following statement to indicate your agreement:</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>											