Date:			3/27/2024		
Your Name:			Gregory Whitehill		
Manuscript Title:			Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-1		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
content of your manuscript. "Reaffected by the content of the ma		ript. "Rela of the ma	re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily be about whether to list a relationship/activity/interest, it is preferable that you do so.		
		ension, yo	ies/interests should be defined broadly. For example, if your manuscript pertains to the bu should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
In item #1 below, report all support frame for disclosure is the past 36				ithout time limit. For all other items, the time	
			Il entities with whom you have this ship 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	
	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.	[⊠] N	one	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).		Time frame: past 36 month lone al Institutes of Health: T32-AI118684		
3	Royalties or licenses	× N	lone		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/26/2024
Your Name:	Jaimy Joy
Manuscript Title:	[Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-
Manuscript Number (if known):	[Click or tap here to enter text.]

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3	Royalties or licenses	None None	

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13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/25/2024
Your Name:	Francesco Elia Marino
Manuscript Title:	[Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-1
Manuscript Number (if known):	176673-JCI-RG

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3	Royalties or licenses	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
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13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/25/2024
Your Name:	Ryan J. Krause
Manuscript Title:	[Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-
Manuscript Number (if known):	Click or tap here to enter text.

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7	Support for attending meetings and/or travel	[⊠] None	
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13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/25/2024
Your Name:	SUVADIP MALLICK
Manuscript Title:	[Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	None None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/25/2024
Your Name:	Hunter M. Courtney
Manuscript Title:	[Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-1
Manuscript Number (if known):	176673-JCI-CMED-RV-3

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3	Royalties or licenses	None Non		

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7	Support for attending meetings and/or travel	[⊠] None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	3/25/2024
Your Name:	Kyewon Park
Manuscript Title:	Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-1
Manuscript Number (if known):	Click or tap here to enter text.

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7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
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Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:			3/25/2023		
Your Name:			John Carey		
Manuscript Title:			[Autologous neutralizing antibody respons HIV-1	ses after antiretroviral therapy in acute and early	
Mar	nuscript Number (if I	known):	[Click or tap here to enter text.]		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Rela of the man e in doubt os/activition ension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	[⊠] None			
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	3/26/2024	
Your Name:	Rebecca Hoh	
Manuscript Title:	Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-1	
Manuscript Number (if known):	Click or tap here to enter text.	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	[⊠] None			
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	27Mar2024	
Your Name:	Heather Hartig	
Manuscript Title:	Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV- 1.	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Ti	me frame: past 36 month	15
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3	Royalties or licenses	X None		

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7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
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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	

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	3/24/2024
Your Name:	Vivian Pae
Manuscript Title:	[Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-
Manuscript Number (if known):	Click or tap here to enter text.

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13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/25/2024
Your Name:	Sannidhi Sarvadhavabhatla
Manuscript Title:	Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-1
Manuscript Number (if known):	Click or tap here to enter text.

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Date:	3/25/2024
Your Name:	Maria Sophia Donaire
Manuscript Title:	Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-
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			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
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		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
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Your Name:			Steven G. Deeks		
Man	uscript Title:		[Autologous neutralizing antibody responses 1	after antiretroviral therapy in acute and early HIV-	
Man	uscript Number (if I	known):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit		ript. "Rela of the ma e in doub os/activiti ension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily it about whether to list a relationship/activity/interest, it is preferable that you do so. ies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
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11	Stock or stock options	Tendel		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
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Date:	3/25/2024
Your Name:	Rebecca M Lynch
Manuscript Title:	Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-1
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Date	e:	3/24/2024			
Your Name: Sulggi A. Lee					
Mar	nuscript Title:	Autologous neutrali HIV-1	Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-1		
Mar	nuscript Number (if k	nown): Click or tap here to e	enter text.		
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epic	lemiology of hyperte		ctivities/interests should be defined broadly. For example, if your manuscript pertains to the in, you should declare all relationships with manufacturers of antihypertensive medication, even if oned in the manuscript.		
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		Name all entities with whom relationship or indicate none	-	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time [□] None Investigator-initiated grant from the strength of the strengt			
3	Royalties or licenses	None Non			

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Date:			3/24/2024		
Your Name:			Katharine J. Bar		
Manuscript Title:			[Autologous neutralizing antibody responses after antiretroviral therapy in acute and early HIV-1		
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1	All support for the present manuscript (e.g., funding, provision of study materials,	Nationa	one al Institutes of Health grants 169767, R01-AI-162646; UM1-AI1-64570	Funding for this work to University of Pennsylvania	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	Vliv, AbbVie -CHEETAH; Center for Structural Biology of HIV Infection, Restriction, and Viral Dynamics -Gates Foundation Collaboratory for AIDS Vaccine Discovery -University of Pennsylvania, IRB # 832135; A Phase 1 Study of INO-A002 In Healthy Dengue Virus-Naïve Adults -Beth Israel Deaconess Medical Center, Protocol: IPCAVD014/HTX1004. A Safety, Immunogenicity and Efficacy Phase 1/2a Study of a Heterologous Ad26.Mos4.HIV, MVA-BN-HIV Vaccine Regimen Plus Broadly Neutralizing Antibodies PGT121, PGDM1400, and VRC07-523LS in HIV-1-Infected Adults on Suppressive ART.	Scientific Advisory Board meeting participation Member of Scientific Advisory Board Member of DSMB

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