ICMJE DISCLOSURE FORM

Date: 2/1/2024

Your Name: Anish Behere

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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**	

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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**	

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: 2/4/2024

Your Name: Aaron Bodansky

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 2/2/2024

Your Name: Axel Cederholm

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 2/4/2024

Your Name: Adrian Gervais

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 2/5/2024

Your Name: Anne Puel

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 2/1/2024

Your Name: Ahmad Yatim

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 2/2/2024

Your Name: Clément Conil

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 2/5/2024

Your Name: Claire Goulvestre

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 2/2/2024

Your Name: Cheng-Lung Ku

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 2/2/2024

Your Name: Camille Soudee

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

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ICMJE DISCLOSURE FORM

Date: 2/5/2024

Your Name: Danyel Lee

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of 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.**	☒ **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).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

☒ 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: 2/5/2024

Your Name: Emmanuelle Jouanguy

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 2/1/2024

Your Name: Fernando Martin

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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Time frame: past 36 months			
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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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 2/2/2024

Your Name: Jacinta Bustamante

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **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**	

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ICMJE DISCLOSURE FORM

Date: 2/2/2024

Your Name: Jonathan Bohlen

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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3	Royalties or licenses	☒ **None**	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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ICMJE DISCLOSURE FORM

Date: 1/30/2024

Your Name: Jean Laurent Casanova

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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**	PCT/US2021/042741 diagnosis of susceptibility to, and treatment of, viral disease and viral vaccines, including COVID-19 and vaccine-associated diseases.
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or	☒ **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)
	advocacy group, paid or unpaid		
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**	

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ICMJE DISCLOSURE FORM

Date: 2/3/2024

Your Name: Jessica Peel

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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Time frame: past 36 months			
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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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 2/5/2024

Your Name: Jérémie Rosain

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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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**	

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ICMJE DISCLOSURE FORM

Date: 2/1/2024

Your Name: Jèrôme Sallette

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 1/31/2024

Your Name: Jing-Ya Ding

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 1/31/2024

Your Name: Laurent Abel

Manuscript Title: Rare neutralizing interferon (IFN)-g autoantibodies in HLA-DRB1* 15:02 or 16:02 individuals confer susceptibility to mycobacterial infections.

Manuscript Number (if known): 178263-JCI-RG-1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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