

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Katharine

2. Surname (Last Name)
Bar

3. Date
23-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
HIV-1 latent reservoir size and diversity are stable following brief treatment interruption

6. Manuscript Identifying Number (if you know it)
120194-JCI-RG-1

Section 2. The Work Under Consideration for Publication

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Dr. Bar has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

D. Brenda

2. Surname (Last Name)

Salantes

3. Date

26-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Katharine J. Bar

5. Manuscript Title

BRIEF ANALYTICAL TREATMENT INTERRUPTION DOES NOT ALTER THE SIZE OR COMPOSITION OF THE LATENT HIV-1 RESERVOIR

6. Manuscript Identifying Number (if you know it)

120194-JCI-RG-1

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Dr. Salantes has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Yu

2. Surname (Last Name) _____ Zheng

3. Date _____ 26-March-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name _____ Katharine Bar

5. Manuscript Title _____ Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir

6. Manuscript Identifying Number (if you know it) _____ 120194-JCI-RG-1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NIAID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UM1 AI068634

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Dr. Zheng reports grants from NIH/NIAID, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Felicity	2. Surname (Last Name) Mampe	3. Date 28-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katharine Bar
5. Manuscript Title Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir		
6. Manuscript Identifying Number (if you know it) 120194-JCI-RG-1		

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Section 1. Identifying Information

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Tuhina

2. Surname (Last Name)

Srivastava

3. Date

25-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Katharine Bar

5. Manuscript Title

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Dr. Srivastava has nothing to disclose.

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Issued: The patent has been issued by the agency

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Subul	2. Surname (Last Name) Beg	3. Date 25-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katharine Bar
5. Manuscript Title Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Beg has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jun	2. Surname (Last Name) Lai	3. Date 26-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katharine Bar
5. Manuscript Title Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir		
6. Manuscript Identifying Number (if you know it) 120194-JCI-RG-1		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Richard

2. Surname (Last Name)
Koup

3. Date
26-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Katharine Bar

5. Manuscript Title

Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir

6. Manuscript Identifying Number (if you know it)

120194-JCI-RG-1

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Koup has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Hoxie	3. Date 26-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katharine Bar
5. Manuscript Title Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir		
6. Manuscript Identifying Number (if you know it) 120194-JCI-RG-1		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mohamed

2. Surname (Last Name)
Abdel-Mohsen

3. Date
26-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Katharine Bar

5. Manuscript Title

Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir

6. Manuscript Identifying Number (if you know it)

120194-JCI-RG-1

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Dr. Abdel-Mohsen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Sherrill-Mix

3. Date
23-March-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Katharine Bar

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
120194-JCI-RG-1

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Sherrill-Mix reports grants from NIH, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kevin	2. Surname (Last Name) McCormick	3. Date 27-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katharine Bar
5. Manuscript Title Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir		
6. Manuscript Identifying Number (if you know it) 120194-JCI-RG-1		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. McCormick has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jonathan	2. Surname (Last Name) Li	3. Date 25-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katharine Bar
5. Manuscript Title BRIEF ANALYTICAL TREATMENT INTERRUPTION DOES NOT ALTER THE SIZE OR COMPOSITION OF THE LATENT HIV-1 RESERVOIR		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Li has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Edgar

2. Surname (Last Name)
Overton

3. Date
30-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
HIV-1 latent reservoir size and diversity are stable following brief treatment interruption

6. Manuscript Identifying Number (if you know it)
120194-JCI-RG-1

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Dr. Overton has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Frederic	2. Surname (Last Name) Bushman	3. Date 25-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katherine Bar
5. Manuscript Title Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir		
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Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) Siliciano	3. Date 27-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it)		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Janet

2. Surname (Last Name)
Siliciano

3. Date
26-March-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Katharine Bar

5. Manuscript Title
Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir

6. Manuscript Identifying Number (if you know it)
120194-JCI-RG-1

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Southern Research Institute	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Siliciano reports personal fees from Southern Research Institute, outside the submitted work; .

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1. Given Name (First Name)
Pablo

2. Surname (Last Name)
Tebas

3. Date
30-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
HIV-1 latent reservoir size and diversity are stable following brief treatment interruption

6. Manuscript Identifying Number (if you know it)
120194-JCI-RG-1

Section 2. The Work Under Consideration for Publication

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Gerald

2. Surname (Last Name)
Learn

3. Date
25-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Katharine J. Bar

5. Manuscript Title
BRIEF ANALYTICAL TREATMENT INTERRUPTION DOES NOT ALTER THE SIZE OR COMPOSITION OF THE LATENT HIV-1 RESERVOIR

6. Manuscript Identifying Number (if you know it)
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