

ICMJE DISCLOSURE FORM

Date: 4/18/2023

Your Name: Said Abdallah Jongo

Manuscript Title: **Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults**

Manuscript Number (if known): 169060-JCI-CMED-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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 4/19/2023

Your Name: LW Preston Church

Manuscript Title: **Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults**

Manuscript Number (if known): 169060-JCI-CMED-1

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		SMC member/chair without compensation	Smit MJ et al. First-in-human use of a modular capsid virus-like vaccine platform: an open-label, non-randomized phase 1 clinical trial of the SARS-CoV2 vaccine ABNCoV2. Lancet Microbe 2023. PMID: 36681093
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 4/21/2023

Your Name: Florence Milando

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-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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Date: 4/6/2023

Your Name: Tobias Schindler

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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Date: 4/18/2023

Your Name: Mohammed Ally Rashid

Manuscript Title: **Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults**

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 4/12/2023

Your Name: Anneth Tumbo

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-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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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Gloria David Nyaulingo

Manuscript Title: **Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults**

Manuscript Number (if known): 169060-JCI-CMED-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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ICMJE DISCLOSURE FORM

Date: 4/21/2023

Your Name: Bakari Mwalim

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/21/2023

Your Name: Thabit Athuman Mbag

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/21/2023

Your Name: Latipha Mohamed

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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

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

ICMJE DISCLOSURE FORM

Date: 4/21/2023

Your Name: Kamaka Kassimu

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-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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ICMJE DISCLOSURE FORM

Date: 4/21/2023

Your Name: Beatus S. Bongole

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/18/2023

Your Name: Dr. Maxmillian G Mpina

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/13/2023

Your Name: Irfan Zaidi

Manuscript Title: **Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults**

Manuscript Number (if known): 169060-JCI-CMED-1

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

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

ICMJE DISCLOSURE FORM

Date: 5/1/2023

Your Name: Patrick E. Duffy

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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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: 4/19/2023

Your Name: Phillip Swanson

Manuscript Title: **Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults**

Manuscript Number (if known): 169060-JCI-CMED-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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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: 4/4/2023

Your Name: Robert Seder

Manuscript Title: **Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults**

Manuscript Number (if known): 169060-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/17/2023

Your Name: Jonathan David Herman

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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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%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 4/7/2023

Your Name: Maanasa Mendu

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-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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ICMJE DISCLOSURE FORM

Date: 4/20/2023

Your Name: Yonatan Zur

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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

ICMJE DISCLOSURE FORM

Date: 5/1/2023

Your Name: Galit Alter

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-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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4	Consulting fees	<input type="checkbox"/> None	
		GSK	Moderna
		Astrazeneca	
		Janssen	
		Sanofi	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		Astrazeneca	
		GSK	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		DSMB -Durban University - antibodies for HIV treatment	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input type="checkbox"/> None	
		Leyden Labs	
		Seromyx Systems	
		Moderna	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/3/2023

Your Name: Natasha KC

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 05/08/2023

Your Name: Pouria Riyahi

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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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>							
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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>							

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 298 1518 403"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 560 1518 665"> <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" data-bbox="386 823 1518 928"> <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" data-bbox="386 1085 1518 1190"> <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: 4/10/2023

Your Name: Yonas Abebe

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-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.

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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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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%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 5/2/2023

Your Name: Tooba Murshedkar

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 5/1/2023

Your Name: Eric R James

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-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: 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).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;">NIAID</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIAID					
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		American Society for Tropical Medicine & Hygiene	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 4/18/2023

Your Name: Peter F Billingsley

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		ASTMH meeting (annual)	Attendance fund in part by EGMVI (see 1)
		International PfSPZ Consortium (annual)	Attendance fund in part by EGMVI (see 1)
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 4/10/2023

Your Name: B Kim Lee Sim

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Sanaria Inc. I am an employee of Sanaria Inc, who paid my per diem, hotel and travel.	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Purified Plasmodium and Vaccine Compositions	BKL. Sim is a named inventor on patents related to PfSPZ Vaccine.
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input type="checkbox"/> None	
		Sanaria Inc.	Sanaria Inc. is the manufacturer of PfSPZ Vaccine and PfSPZ Challenge. I am an employee and stockholder in Sanaria Inc.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		I am a member of the Board of Directors of Sanaria Inc. I do not receive compensation for this role.	

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: 4/19/2023

Your Name: Thomas L. Richie

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-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.

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.

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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: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> 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)
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
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		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Claudia Daubenberger

Manuscript Title: **Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults**

Manuscript Number (if known): 169060-JCI-CMED-1

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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%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

David M. Leggett

ICMJE DISCLOSURE FORM

Date: 4/21/2023

Your Name: Salim Abdulla

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/10/2023

Your Name: Stephen L Hoffman

Manuscript Title: Safety and Protective Efficacy of PfSPZ Vaccine Administered to HIV Negative and Positive Tanzanian Adults

Manuscript Number (if known): 169060-JCI-CMED-1

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