Date:	9/15/2021
Your Name:	Weiwei Sun
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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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		e all entities with whom you have this ionship 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	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	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or 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	× N	None	
Plea ⊠			following statement to indicate your agreement your agreemen	

Date:	9/17/2021
Your Name:	Maureen P Martin
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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ļi		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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6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
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	society, committee or 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	
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:	9/15/2021
Your Name:	Maria Laura Polo
Manuscript Title:	"A sterilizing cure of HIV-1 during natural infection?"
Manuscript Number (if known):	L21-0297

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
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10	Leadership or fiduciary role in other board,	None     ■	

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	society, committee or 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	
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:	9/15/2021
Your Name:	Janet Siliciano
Manuscript Title:	A Sterilizing Cure of fHIV-1 during natural infection ?
Manuscript Number (if known):	L21-0297

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			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
ε	Royalties or licenses		None	
-	- III 6			
4	Consulting fees		None	
		HIV C	ure Advisory Board, Gilead Sciences	
5	Payment or honoraria for		None	
	lectures, presentations,			
	speakers			
	bureaus, manuscript writing or educational events			
6	Payment for expert testimony		None	
7	Support for attending		None	
	meetings and/or travel			
8	Patents planned, issued or	× I	None	
	pending			
9	Participation on a Data Safety		None	
	Monitoring Board or			
4.5	Advisory Board			
10	Leadership or fiduciary role in		None	
	other board,			

		Specifications/Comments (e.g., if payments we lationship or indicate none (add rows as needed) made to you or to your institution)	re	
	society, committee or advocacygroup, 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 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.			

3 8/26/2021 ICMJE Disclosure Form

Date:	10/13/2021
Your Name:	Alejandra Vellicce
Manuscript Title:	"A sterilizing cure of HIV-1 during natural infection?"
Manuscript Number (if known):	Click or tap here to enter text.

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None 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	

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			e all entities with whom you have this ionship 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:	9/15/2021
Your Name:	Yelizaveta Rassadkina
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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

Date:	9/16/2021
Your Name:	Ajantha Rhodes
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	Click or tap here to enter text.

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6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None     ■	
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13	Other financial or non-financial interests		None	
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Date:		9/16/2021			
Your Name:		Mary Carrington	Mary Carrington		
Manuscript Title:		A sterilizing cure of HIV-1 during natural in	fection?		
Ма	nuscript Number (if k	nown): _L21-0297			
content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned		all support for the work reported in this manuscript	ent to transparency and does not necessarily y/interest, it is preferable that you do so.  es/interests listed below that are related to the ot-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so.  example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
	THE TOT GISCIOSUTE IS THE	e past 50 months.			
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1		Name all entities with whom you have this relationship or indicate none (add rows as needed)	made to you or to your institution)		
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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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Date:	9/15/2021
Your Name:	Xu Yu
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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13	Other financial or non-financial interests		None	
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Date:	9/15/2021
Your Name:	Gabriela Turk
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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11	Stock or stock options	× N	lone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	× N	lone	
13	Other financial or non-financial interests	× N	lone	
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:	9/15/2021
Your Name:	Xiaodong Lian
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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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.

		e all entities with whom you have this ionship 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	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	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

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

Date:	9/15/2021
Your Name:	Elizabeth Parsons
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

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

Date:	9/15/2021
Your Name:	Ce Gao
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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

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	society, committee or 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	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/15/2021
Your Name:	Yanina Ghighlione
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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3	Royalties or licenses	None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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,	None     ■	

			e all entities with whom you have this conship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group,			
	paid or unpaid			
11	Stock or stock options	$\boxtimes$	None	
12	Receipt of equipment, materials, drugs,		None	
	medical writing, gifts or other services			
13	Other financial or non-financial	$\boxtimes$	None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				

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Date:	9/15/2021
Your Name:	Joseph Varriale
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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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 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		

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3	Royalties or licenses	None     Non	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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,		

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	society, committee or advocacy group,			
	paid or unpaid			
11	Stock or stock options	$\boxtimes$	None	
12	Receipt of equipment,	$\boxtimes$	None	
1	materials, drugs,			
	medical writing,			
	gifts or other services			
43			Nama	
13	Other financial or non-financial	$\boxtimes$	None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	9/15/2021
Your Name:	Jun Lai
Manuscript Title:	"A sterilizing cure of HIV-1 during natural infection
Manuscript Number (if known):	L21-0297

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

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	society, committee or 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	
Plea	nse place an "X" nex	t to the	e following statement to indicate your agreeme	ent:

Date:	9/16/2021
Your Name:	Yuko Yuki
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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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	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None None	
4	Consulting fees	None 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     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board,	None     ■	

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

3 8/26/2021 ICMJE Disclosure Form

Date:	9/20/2021
Your Name:	Sharon Lewin
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g.,	□ None	DARE Collaboration award number
	funding, provision	National Institute for Allergy and Infectious Diseases, NIH	DARE Collaboration, award number UM1AI126611
	of study materials, medical writing,	National Health and Medical Research Council (NHMRC)	Practitioner Fellowship 1135851
	article processing	NHMRC (ongoing)NHMRC (completed)	Program grant, award number 1149990 Project
	charges, etc.) No time limit for		grant, award number 1101836
	this item.		
_			
		Time frame: past 36 month	าร
2	Grants or contracts from	Time frame: past 36 month	ns
2		_	Magnet grant award number 19-02602
2	contracts from	□ None	
2	contracts from any entity (if not	□ <b>None</b> American Foundation for AIDS Research (amfAR)	Magnet grant award number 19-02602
2	contracts from any entity (if not indicated in item	American Foundation for AIDS Research (amfAR) American Foundation for AIDS Research (amfAR) Gilead Sciences Australian Center for HIV and Hepatitis Virology	Magnet grant award number 19-02602  109226-58-RGRL  Clinical research grant  Two research grants (one completed)
2	contracts from any entity (if not indicated in item	American Foundation for AIDS Research (amfAR) American Foundation for AIDS Research (amfAR) Gilead Sciences Australian Center for HIV and Hepatitis Virology Research (ACH2) Victorian Department of Health	Magnet grant award number 19-02602  109226-58-RGRL  Clinical research grant  Two research grants (one completed) Research grants (ongoing), one clinical trial grant
2	contracts from any entity (if not indicated in item	American Foundation for AIDS Research (amfAR) American Foundation for AIDS Research (amfAR) Gilead Sciences Australian Center for HIV and Hepatitis Virology Research (ACH2) Victorian Department of Health (State Government)	Magnet grant award number 19-02602  109226-58-RGRL  Clinical research grant  Two research grants (one completed) Research grants (ongoing), one clinical trial grant (ongoing)
2	contracts from any entity (if not indicated in item	American Foundation for AIDS Research (amfAR) American Foundation for AIDS Research (amfAR) Gilead Sciences Australian Center for HIV and Hepatitis Virology Research (ACH2) Victorian Department of Health	Magnet grant award number 19-02602  109226-58-RGRL  Clinical research grant  Two research grants (one completed) Research grants (ongoing), one clinical trial grant

		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)
		NHMRC (completed) Wellcome Trust	Project grant, award number  1101836Collaboratory role in research grant
		NHMRC (ongoing)NHMRC (ongoing)	Partnership project 119880 (with Dept Health)Program grant, award number 1149990
		<u>Leidos</u> NHMRC (ongoing)	Clinical research, completePartnership project 119880 (with Dept Health)
		National Institute for Allergy and Infectious Diseases, NIH <del>University of Aarhus</del>	UM1 Al068636-15; Protocol vice co-chair; Trial A5394 (segatolimod in HIV-HBV co-
		Marsh Chause & Dahres (Marsh NIII)	infection)Clinical research
		Merck Sharpe & Dohme (Merck)NIH	Clinical Research, complete UM1 Al068636-15; Protocol vice co chair; Trial A5394 (segatolimod in HIV HBV co infection)
3	Royalties or licenses	None	(Segutoninou in the tibe co infection)
4	Consulting fees	□ None	
4	Consulting rees	None	
		Abivax	Consultancy (paid to me personally)
		Geovax	Consultancy (paid to me personally)
		ViiV	Consultancy (paid to me personally)
		Tetralogic	Consultancy (paid to me personally)
		Abbvie	Consultancy (paid to me personally)
		Bristol Myers Squibb	Consultancy (paid to me personally)
		Merck Sharpe & Dohme (Merck)	Consultancy (paid to me personally)
5	Payment or honoraria for	□ None	
	lectures,	Gilead Sciences	Honoraria (complete)
	presentations,	Viiv	Honoraria (complete)
	speakers	Merck Sharpe & Dohme (Merck)	Honoraria (complete)
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	⊠ None	
	meetings and/or		
	travel		
2		8/26/2021	ICMJE Disclosure Form

		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)
8	Patents planned, issued or	□ None	
	pending	International PCT patent (PCTAU2017050631)	Purcell. Activators of HIV Latency (University of Melbourne). This patent describes the discovery of novel compounds that activate latent HIV infection. Filed 22/06/17
9	Participation on a Data Safety	□ None	
	Monitoring Board or	Abivax	Scientific advisory board membership (ongoing and paid to my institution)
	Advisory Board	Bionor	Scientific advisory board membership (ongoing and paid to me personally)
		ViiV	Scientific advisory board membership (past and paid to my institution)
		Calimmune	Scientific advisory board membership (ongoing and paid to my institution)
		InniVirVax	Scientific advisory board membership (ongoing and paid to my institution)
		Aelix Therapeutics	Scientific advisory board membership (ongoing and paid to me personally)
		Immunocore	Scientific advisory board membership (ongoing and paid to me personally)
		French Agency for Research on AIDS and Viral Hepatitis (ANRS) Emerging Infectious Diseases	President, scientific advisory board (no payment)
		Vaccine Research Centre  South Australia Health and Medical Research Institute	Member, Scientific advisory board (no payment)  Member, Scientific advisory board (no payment)
10	Landarship or	None None	
10	Leadership or fiduciary role in	None     Non	
	other board, society,	Burnet Institute	Board member (no payment)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical writing,		
	gifts or other services		
	- 2		

		ationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payment made to you or to your institution)	ts were	
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:	9/17/2021
Your Name:	Bruce D Walker
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	Click or tap here to enter text.

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		e all entities with whom you have this ionship 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 o	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	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group,			
	paid or unpaid			
11	Stock or stock options	$\boxtimes$	None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		8/26/2021			
You	r Name:	Mathias Lichterfeld	Mathias Lichterfeld		
Mar	nuscript Title:	A sterilizing cure of H	HIV-1 during natural inf	ection	
Mar	nuscript Number (if kı	nown): L21-0297			
cont affe	tent of your manuscri cted by the content o	ot. "Related" means any relati the manuscript. Disclosure re	on with for-profit or no epresents a commitme	es/interests listed below that are related to the out-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.	
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	em #1 below, report ane for disclosure is the		ed in this manuscript w	ithout time limit. For all other items, the time	
		Name all entities with whom relationship or indicate none		Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Si	nce the initial planning o	of the work	
1	All support for the	□ None			
	manuscript (e.g.,	NIH, amfAR		Grants to my institution	
	funding, provision of study materials,			Click the tab key to add additional rows.	
medical writing, article processing charges, etc.) No time limit for this item.					
		Time	e frame: past 36 months	5	
2	Grants or	<b>⊠</b> 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	
	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/15/2021
Your Name:	Natalia Laufer
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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13	Other financial or non-financial		None	
	interests			
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$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	10/14/2021
Your Name:	Robert Siliciano
Manuscript Title:	A Possible Sterilizing Cure of HIV-1 Infection without Stem Cell Transplantation
Manuscript Number (if known):	L21-0297

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6	Payment for expert testimony	None 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 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	
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:	9/15/2021
Your Name:	Kyra Seiger
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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13	Other financial or non-financial interests	× N	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:	9/15/2021
Your Name:	Alejandro Czernikier
Manuscript Title:	A sterilizing cure of HIV-1 during natural infection?
Manuscript Number (if known):	L21-0297

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