

#### **Instructions**

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### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Horberg 1



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Michael	rst Name)	2. Surname (Last Name) Horberg	3. Effective Date (07-August-200 09-July-2012	)8)
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Keri Althoff	
	roviral therapy use, H	IV RNA plasma viral loads, a I persons in care in the Uni	and CD4 T-lymphocyte counts among human ted States, 2000-2008	
6. Manuscript Ide M12-0355	ntifying Number (if you l	know it)		

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The Work Under Consideration for Publication									
Туре	No	Money Paid to You		Name of Entity	Comments**				
1. Grant			$\checkmark$	NIAID	Overall study grant; subcontract with JHU	×			
						ADD			

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Horberg 2

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
3. Employment		<b>✓</b>		Mid-Atlantic Permanente Medical Group	My employer; Part of Kaiser Permanente	×
						AD
5. Grants/grants pending			$\checkmark$	Merck	Drug Safety Study	×
5. Grants/grants pending			<b>✓</b>	Pfizer	Adverse Events Surveillance Study	×
						AD

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	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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**Show All Table Rows** 

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1. Given Name (Fi Richard	rst Name)	2. Surname (Last Name) Moore	3. Effective Date (07-August-2008) 09-July-2012
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	roviral therapy use, H	V RNA plasma viral loads, a I persons in care in the Uni	and CD4 T-lymphocyte counts among human ted States, 2000-2008
6. Manuscript Ide M12-0355	ntifying Number (if you l	know it)	

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The Work Under Consideration (	for Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			<b>✓</b>	NIH		×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication									
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		$\checkmark$					×		
							ADD		

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					×	
						ADD	
3. Employment	<b>✓</b>					×	
						ADD	
4. Expert testimony	$\checkmark$					×	
						ADD	
5. Grants/grants pending			✓	Pfizer		×	
5. Grants/grants pending			<b>✓</b>	Bristol Myers Squibb		×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×	
						ADD	

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	<b>✓</b>					×
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	✓					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activi		readers c	ould perceive	to have influenced or th	at give the appearance of	
potentially influencing, what you wro				o nave innuenceu, or tri	at give the appearance or	

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

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**Hide All Table Rows Checked 'No'** 

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Hanna 1



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Given Name (Find David	rst Name)	2. Surname (Last Name) Hanna		3. Effective Date (07-August-2008) 09-July-2012
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name	e
	roviral therapy use, HI	V RNA plasma viral loads, a persons in care in the Uni	nd CD4 T-lymphocyte counts ed States, 2000-2008	among human
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The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant			<b>✓</b>	NIH F32-DA030254	Pre-doctoral fellowship	×				
						ADD				

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments					

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Althoff 1



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	roviral therapy use, HI	V RNA plasma viral loads and CD4 T-lymphocyte cour persons in care in the United States, 2000-2008	nts among human
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Napravnik 1



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4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Keri Althoff	
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#### Relevant financial activities outside the submitted work

Napravnik 2

<sup>\*\*</sup> Use this section to provide any needed explanation.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			

<sup>\*</sup> This means money that your institution received for your efforts.

Section 4.	Other relationships
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	ationships/conditions/circumstances that present a potential conflict of interest owing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement Irnals may ask authors to disclose further information about reported relationships.
	Show All Table Rows SAVE

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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Napravnik 3

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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### 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Inforr	nation	
1. Given Name (First Name) Gregory		2. Surname (Last Name) Kirk	3. Effective Date (07-August-2008) 13-July-2012
4. Are you the cor	responding author?	✓ Yes No	
	roviral therapy use, HI	V RNA plasma viral loads, and CD4 T-lymphocyte of persons in care in the United States, 2000-2008	ounts among human
6. Manuscript Ider M12-0355	ntifying Number (if you k	now 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 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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The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant			<b>✓</b>	NIH		×		
						ADD		
2. Consulting fee or honorarium	<b>✓</b>					×		
						ADD		
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×		
						ADD		
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×		
						ADD		
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×		
						ADD		
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×		



The Work Under Consideration for Publication									
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		$\checkmark$					×		
							ADD		

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	<b>✓</b>					×			
						ADD			
2. Consultancy		<b>✓</b>		GSK	Consulting regarding adult immunizations	×			
2. Consultancy		<b>✓</b>		Merck	Consulting regarding viral hepatitis	×			
						ADD			
3. Employment	<b>✓</b>					×			
						ADD			
4. Expert testimony	<b>✓</b>					×			
						ADD			
5. Grants/grants pending	<b>✓</b>					×			
						ADD			
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>√</b>					×			
						ADD			

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	side the	submit	ted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
7. Payment for manuscript preparation	<b>✓</b>					×		
						ADD		
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×		
						ADD		
9. Royalties	<b>✓</b>					×		
						ADD		
<ol><li>Payment for development of educational presentations</li></ol>		<b>✓</b>		GSK	Adult immunizations	×		
						ADD		
11. Stock/stock options	<b>✓</b>					×		
						ADD		
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>√</b>					×		
						ADD		
13. Other (err on the side of full disclosure)	<b>✓</b>					×		
						ADD		
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Section 4. Other relationsh	nips							
Are there other relationships or activi potentially influencing, what you wro				to have influenced, or th	nat give the appearance of			
✓ No other relationships/conditions  Yes, the following relationships/co					est			

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**Hide All Table Rows Checked 'No'** 

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Heidi	rst Name)	2. Surname (Last Name) Crane		3. Effective Date (07-August-2008) 16-July-2012
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Keri Altoff	me
	troviral therapy use, H	IV RNA plasma viral loads, I persons in care in the Un	and CD4 T-lymphocyte cour ited States, 2000-2008	nts among human
6. Manuscript Ide M12-0355	ntifying Number (if you l	know it)		

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The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
•	. Grant			<b>√</b>	NIH		×	
							ADD	

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
4. Expert testimony	<b>✓</b>					×
						AD
5. Grants/grants pending			$\checkmark$	NIH		×
5. Grants/grants pending			<b>✓</b>	CDC		×
5. Grants/grants pending			$\checkmark$	AHRQ		×
5. Grants/grants pending			<b>✓</b>	HRSA		×
						AD
10. Payment for development of educational presentations		<b>✓</b>		Medscape		<b>×</b>
						AD

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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	Show All Table Rows SAVE



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Gebo 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Kelly	2. Surname (Last Name) Gebo	3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Keri Althoff
5. Manuscript Title Trends in ART use, HIV RNA plasma vir	al loads, and CD4 T lympho	ocyte count among HIV persons in care in the US 2000-08
6. Manuscript Identifying Number (if you M12-0355	know it)	

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The Work Under Consideration for Publication								
Туре	No		Money to Your Institution*		Comments**			
1. Grant			<b>✓</b>	AHRQ		×		
						ADD		

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Gebo 2

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
2. Consultancy		<b>✓</b>		Tibotec, Bristol Meyers Squibb		×			
						ADD			
4. Expert testimony		<b>✓</b>		Federal Government		×			
						ADD			
5. Grants/grants pending			<b>✓</b>	Tibotec		×			
						ADD			
* This means money that your institution ** For example, if you report a consultance	cy above 1			ravel related to that consult	tancy on this line.				
Section 4. Other relationsh	nips								
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?									
✓ No other relationships/conditions	s/circum	stances th	nat present a p	otential conflict of intere	st				
Yes, the following relationships/c	ondition	s/circums	tances are pre	sent (explain below):					

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Gebo 3



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Thorne 1



Section 1. Identifying Inform	mation		
1. Given Name (First Name) Jennifer	2. Surname (Last Name) Thorne		3. Effective Date (07-August-2008) 25-June-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nar Keri Althoff, PhD, MPH	me
5. Manuscript Title US Trends in ART use, viral load, and C	D4 count in HIV-infected p	ersons	
6. Manuscript Identifying Number (if you l	know it)		

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The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant			<b>✓</b>	NIAID U01 AAI069918	NA-ACCORD Grant	×		
1. Grant			$\checkmark$	NEI U10 EY08052	LSOCA Grant	×		
						ADD		

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1. Board membership		<b>✓</b>		Allergan, Inc		×			
						ADD			
2. Consultancy		<b>✓</b>		XOMA		×			
						ADD			
5. Grants/grants pending			$\checkmark$	RPB Sybil B. Harrington Special Scholars Award		×			
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.									
Section 4. Other relationsh	nips								
Are there other relationships or activi potentially influencing, what you wro				to have influenced, or th	at give the appearance of				
No other relationships/conditions Yes, the following relationships/co					st				
At the time of manuscript acceptance	iourna	ls will ask	authors to cor	nfirm and if necessary ur	ndate their disclosure state	ments			

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Thorne 3

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### 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Infor	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Rebeiro	3. Effective Date (07-August-2008) 09-July-2012
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Keri N. Althoff
	roviral therapy use, HI	V RNA plasma viral loads, a I persons in care in the Uni	and CD4 T-lymphocyte counts among human ted States, 2000-2008
6. Manuscript Ide	ntifying Number (if you k	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			<b>✓</b>	NIAID U01AI069918		×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication						
Ту	pe No		Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

# Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					X
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
Payment for development of educational presentations	$\checkmark$					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>√</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	$\checkmark$					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	

Section 4.	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Rebeiro 5



#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## 2. The work under consideration for publication.

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Inform	mation		
1. Given Name (Fi Marina	rst Name)	2. Surname (Last Name) Klein		3. Effective Date (07-August-2008) 09-July-2012
4. Are you the corresponding author?		Yes  ✓ No	Corresponding Author's Nam Keri Althoff	ne
	roviral therapy use, HI	V RNA plasma viral loads, a I persons in care in the Uni	and CD4 T-lymphocyte count ted States, 2000-2008	s among human
6. Manuscript Ide M12-0355	ntifying Number (if you k	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			<b>✓</b>	ARRA		×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication						
Ту	pe No			Name of Entity	Comments**	
		'				ADD
7. Other	✓					×
						ADD

#### Section 3. Relevant fine

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	submitt	ed work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy			<b>✓</b>	Glaxo-SmithKline/viv		×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	<b>✓</b>					×
						ADD
5. Grants/grants pending			<b>✓</b>	Merck		×
5. Grants/grants pending			<b>√</b>	Canadian Institute of Health Research		×
5. Grants/grants pending			$\checkmark$	National Institute of Health Research		×
5. Grants/grants pending			<b>✓</b>	Fonds de recherches en santé du Québec		×
5. Grants/grants pending			$\checkmark$	Schering-Plough		×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						AD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>		<b>✓</b>		Bristol Myers Squibb		>
6. Payment for lectures including service on speakers bureaus		<b>✓</b>		Glaxo-SmithKline/viv		>
						A
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					>
						A
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					>
						A
9. Royalties	<b>√</b>					>
						AD
<ol> <li>Payment for development of educational presentations</li> </ol>		<b>✓</b>		Gilead		>
D. Payment for development of educational presentations		<b>✓</b>		Glaxo-SmithKline/viv		>
						A
1. Stock/stock options	<b>√</b>					>
						A
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					>
						A
3. Other (err on the side of full disclosure)	<b>✓</b>					>

<sup>\*</sup> This means money that your institution received for your efforts.

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
	Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi H iRENE	rst Name)	2. Surname (Last Name) HALL		3. Effective Date (07-August-2008) 09-July-2012
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Na Keri Althoff	me
	roviral therapy use, HI	V RNA plasma viral loads, a I persons in care in the Uni	nd CD4 T-lymphocyte cour ted States, 2000-2008	nts among human
6. Manuscript Ide	ntifying Number (if you k	know it)	_	

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The Work Under Consideration (	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<b>✓</b>					×
						ADD

#### Section 3. Relevant financial:

Relevant financial activities outside the submitted work.

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					X
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	$\checkmark$					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>√</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	ADD

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
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Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation		
1. Given Name (First Name)  2. Surname (Last Name)  JINBING  ZHANG			3. Effective Date (07-August-2008) 09-July-2012	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Na	me
	roviral therapy use, H	V RNA plasma viral loads, a I persons in care in the Uni	and CD4 T-lymphocyte coun ted States, 2000-2008	nts among human
6. Manuscript Ide M12-0355	ntifying Number (if you l	know it)		

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	<b>✓</b>					×	
						ADD	
2. Consulting fee or honorarium	<b>✓</b>					×	
						ADD	
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>√</b>					×	
						ADD	
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×	



The Work Under Consideration for Publication								
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		$\checkmark$					×	
							ADD	

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	<b>✓</b>					×		
						ADD		
2. Consultancy	<b>✓</b>					X		
						ADD		
3. Employment	<b>✓</b>					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	$\checkmark$					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	مطع ماء	. culovoise	tod would					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×		
						ADD		
9. Royalties	<b>✓</b>					×		
						ADD		
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×		
						ADD		
11. Stock/stock options	<b>✓</b>					×		
						ADD		
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>√</b>					×		
						ADD		
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×		
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								

Section 4.	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	ntionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

**Hide All Table Rows Checked 'No'** 

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#### **Evaluation and Feedback**

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Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Cescon 1



Section 1.	Identifying Infor	mation		
1. Given Name (First Name) 2. Surname (Last Angela Cescon		2. Surname (Last Name) Cescon		3. Effective Date (07-August-2008) 09-July-2012
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Keri N Althoff	
	troviral therapy use, H	IV RNA plasma viral loads, a I persons in care in the Uni	and CD4 T-lymphocyte cour ted States, 2000-2008	nts among human
6. Manuscript Ide M12-0355	ntifying Number (if you l	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 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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The Work Under Consideration for Publication								
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**			

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#### Relevant financial activities outside the submitted work

Cescon 2

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		

<sup>\*</sup> This means money that your institution received for your efforts.

	I		
Section 4.	Other relationships		
	elationships or activities that readers could peencing, what you wrote in the submitted work		or that give the appearance of
	tionships/conditions/circumstances that presonances relationships/conditions/circumstances	·	
	anuscript acceptance, journals will ask authors rnals may ask authors to disclose further infori		
	Show All Table Rows	SAVE	

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Cescon 3

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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Section 1.	Identifying Inform	mation		
1. Given Name (First Name)  2. Surname (Last Name Mugavero			3. Effective Date (07-August-2008) 09-July-2012	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Na Keri Althoff	me
	roviral therapy use, HI	V RNA plasma viral loads, a persons in care in the Uni	nd CD4 T-lymphocyte coun ted States, 2000-2008	its among human
6. Manuscript Ide M12-0355	ntifying Number (if you k	now it)	_	

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The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	<b>✓</b>					×		
						ADD		

#### Section 3.

Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>✓</b>					×	
						ADD	
2. Consultancy		✓		Bristol-Myers Squibb		×	
2. Consultancy		<b>✓</b>		Gilead Sciences		×	
2. Consultancy		<b>✓</b>		Merck Foundation		×	
						ADD	
3. Employment	$\checkmark$					×	
						ADD	
4. Expert testimony	$\checkmark$					×	
						ADD	
5. Grants/grants pending			<b>✓</b>	Tibotec Therapeutics		×	
5. Grants/grants pending			<b>√</b>	Bristol-Myers Squibb		×	
5. Grants/grants pending			$\checkmark$	Pfizer		×	

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Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending			<b>✓</b>	Definicare		×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>√</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
						ADD

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 1.	ldentifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Kitahata		3. Effective Date (07-August-2008) 16-July-2012
4. Are you the cor	responding author?	☐ Yes 🗸 No	Corresponding Author's Na Keri Althoff	me
5. Manuscript Title US Trends in ART		D4 count in HIV-infected μ	persons	
6. Manuscript Ider M12-0355	ntifying Number (if you	know it)		

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The Work Under Consideration	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication								
Ту	pe No			Name of Entity	Comments**			
		'				ADD		
7. Other	✓					×		
						ADD		

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Relevant financial activities outside the submitted work								
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1. Board membership	<b>✓</b>					×		
						ADD		
2. Consultancy	<b>✓</b>					×		
						ADD		
3. Employment	<b>✓</b>					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	<b>✓</b>					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×		

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Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
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						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>√</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	ADD

Section 4.	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Timothy	rst Name)	2. Surname (Last Name) Sterling	3. Effective	Date (07-August-2008) 112
4. Are you the corresponding author? Yes Volume No		Corresponding Author's Name Althoff, Keri		
	roviral therapy use, H	IV RNA plasma viral loads, I persons in care in the Un	and CD4 T-lymphocyte counts among h ted States, 2000-2008	uman
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The Work Under Consideration (	for Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			<b>✓</b>	NIH (NA-ACCORD)		×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	<b>✓</b>					×		
						ADD		

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	<b>✓</b>					×
						ADD
5. Grants/grants pending			$\checkmark$	Pfizer	HIV observational studies	×
5. Grants/grants pending			<b>✓</b>	BMS	HIV observational studies	×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
<ol><li>Payment for manuscript preparation</li></ol>	<b>√</b>					×
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties		<b>✓</b>		UpToDate	For writing textbook chapters	×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
12. Travel/accommodations/						ADD
meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consu	Itancy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?						

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

**Hide All Table Rows Checked 'No'** 

**SAVE** 



#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



#### **Instructions**

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### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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## 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Buchacz 1



Section 1.	Identifying Infor	mation		
1. Given Name (First Name) Kate		2. Surname (Last Name) Buchacz	3. Effective Date (07-August-2008) 16-July-2012	
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na	me
	troviral therapy use, H	IIV RNA plasma viral loads, a I persons in care in the Unit		nts among human
6. Manuscript Ider	ntifying Number (if you l	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	$\checkmark$					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
5. Payment for writing or reviewing the manuscript	$\checkmark$					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×
						ADD

Buchacz 2



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
7. Other	$\checkmark$					×		
						ADD		

# **Section 3.** Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	e submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	$\checkmark$					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	<b>✓</b>					×
						ADD
5. Grants/grants pending	$\checkmark$					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	$\checkmark$					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×
						ADD

Buchacz 3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	side the	submit	ted work				
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
Patents (planned, pending or issued)	<b>✓</b>					×	
						ADD	
9. Royalties	✓					×	
						ADD	
10. Payment for development of educational presentations	<b>√</b>					×	
						ADD	
11. Stock/stock options	✓					×	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					ADD X	
						ADD	
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×	
						ADD	
* This means money that your institution ** For example, if you report a consultance  Section 4.  Other relationsh	ry above t			ravel related to that consul	tancy on this line.		
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?							
No other relationships/conditions  Yes, the following relationships/c					est		
At the time of manuscript acceptance	e, journa	ls will ask	authors to con	firm and, if necessary, up		ments.	

occasion, journals may ask authors to disclose further information about reported relationships.

**Show All Table Rows** 

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#### **Evaluation and Feedback**

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Buchacz 5



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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Stephen	rst Name)	2. Surname (Last Name) Gange		3. Effective Date (07-August-2008) 17-July-2012
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nar Althoff, Keri	me
	roviral therapy use, H	IV RNA plasma viral loads, I persons in care in the Un	and CD4 T-lymphocyte coun ted States, 2000-2008	ts among human
6. Manuscript Ide M12-0355	ntifying Number (if you l	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant		<b>✓</b>		NIH		×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication								
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		$\checkmark$					×	
							ADD	

#### Section 3. Relevant financial

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					X	
						ADD	
3. Employment	<b>✓</b>					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	$\checkmark$					×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×	

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						A
8. Patents (planned, pending or issued)	<b>✓</b>					;
						Al
9. Royalties	$\checkmark$					;
						Al
Payment for development of educational presentations	<b>✓</b>					
						A
1. Stock/stock options	<b>✓</b>					
						A
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					
						A
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					
						A

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Lisa	rst Name)	2. Surname (Last Name) Jacobson		3. Effective Date (07-August-2008) 10-July-2012
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Na	nme
	roviral therapy use, H	IV RNA plasma viral loads, a I persons in care in the Uni	and CD4 T-lymphocyte cou ted States, 2000-2008	nts among human
6. Manuscript Ide M12-0355	ntifying Number (if you l	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration t	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			<b>✓</b>	NIH		×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication								
Ту	pe No			Name of Entity	Comments**			
		'				ADD		
7. Other	✓					×		
						ADD		

# Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership		<b>✓</b>		NIH Office of AIDS Research Advisory Council		×			
						ADD			
2. Consultancy		<b>✓</b>		R01 to University of North Carolina		×			
2. Consultancy		<b>✓</b>		Bristol Meyer Squibb Outcomes Research Panel Advisor		×			
						ADD			
3. Employment		$\checkmark$		Johns Hopkins University		×			
						ADD			
4. Expert testimony	$\checkmark$					×			
						ADD			
5. Grants/grants pending			<b>✓</b>	Various NIH grants		×			
						ADD			

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Payment for lectures including service on speakers bureaus	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
10. Payment for development of educational presentations	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
* This means money that your institution	racaivad	for your of	forts			ADD

#### Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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Section 1.	Identifying Infor	mation			
1. Given Name (First Name)  2. Surname (Last Name)  John  Brooks		,	3. Effective Date (07-August-2008) 10-July-2012		
4. Are you the corresponding author? Yes ✓ No		Yes ✓ No	Corresponding Author's Name Keri Althoff		
	roviral therapy use, H	V RNA plasma viral loads, a I persons in care in the Uni	and CD4 T-lymphocyte counts among human ted States, 2000-2008		
6. Manuscript Ide M12-0355	ntifying Number (if you l	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration (	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other	<b>✓</b>					×			
						ADD			

#### Section 3. Relevant financia

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	<b>✓</b>					×			
						ADD			
2. Consultancy	$\checkmark$					×			
						ADD			
3. Employment	<b>✓</b>					×			
						ADD			
4. Expert testimony	✓					×			
						ADD			
5. Grants/grants pending	✓					×			
						ADD			
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×			

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



	• 1 41	1				
Relevant financial activities outs	side the					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	$\checkmark$					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

**Hide All Table Rows Checked 'No'** 

Brooks

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#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

## Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

## 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Inform	nation			
1. Given Name (First Name)  2. Surname (Last Name)  Amy  Justice			3. Effective Date (07-August-2008) 10-July-2012		
4. Are you the corresponding author?  Yes  No		☐ Yes ✓ No	Corresponding Author's Name Keri N. Althoff		
	roviral therapy use, HI	V RNA plasma viral loads, a persons in care in the Unit	nd CD4 T-lymphocyte cour ted States, 2000-2008	nts among human	
6. Manuscript Ide	ntifying Number (if you k	now 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 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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The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			<b>✓</b>	NIH-NIAAA		×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>√</b>					×



The Work Under Consideration for Publication										
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
							ADD			
7. Other		$\checkmark$					×			
							ADD			

# Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	<b>✓</b>					×			
						ADD			
2. Consultancy	<b>✓</b>					×			
						ADD			
3. Employment	<b>✓</b>					×			
						ADD			
4. Expert testimony	✓					×			
						ADD			
5. Grants/grants pending	<b>✓</b>					×			
						ADD			
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×			

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
Payment for development of educational presentations	$\checkmark$					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>√</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	

Section 4.	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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## 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Inform	mation		
1. Given Name (Fi Jeffrey	rst Name)	2. Surname (Last Name) Martin		3. Effective Date (07-August-2008) 09-July-2012
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nar Keri N. Althoff	me
	roviral therapy use, HI	V RNA plasma viral loads, a persons in care in the Uni	and CD4 T-lymphocyte coun ted States, 2000-2008	ts among human
6. Manuscript Ide M12-0355	ntifying Number (if you k	now it)	_	

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The Work Under Consideration (	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			<b>✓</b>	National Institutes of Health		×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
5. Payment for writing or reviewing the manuscript	$\checkmark$					×
						ADD



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>					×	
						ADD	
7. Other	<b>✓</b>					×	
						ADD	

# **Section 3.** Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	<b>✓</b>					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	<b>✓</b>					×	
						ADD	
<ol><li>Payment for development of educational presentations</li></ol>	$\checkmark$					×	
						ADD	
11. Stock/stock options	<b>✓</b>					×	
						ADD	
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>√</b>					×	
						ADD	
<ol><li>Other (err on the side of full disclosure)</li></ol>	$\checkmark$					×	
						ADD	
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.							

#### **Section 4.**

#### Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):



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**Hide All Table Rows Checked 'No'** 

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