

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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.

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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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Santhanalakshmi

2. Surname (Last Name)
Gengiah

3. Effective Date (07-August-2008)
22-June-2012

4. Are you the corresponding author? ☐ Yes ☒ No
Corresponding Author's Name
Dr Kogieleum Naidoo

5. Manuscript Title
Immune Reconstitution Inflammatory Syndrome following Antiretroviral Therapy Initiation in Tuberculosis Patients: A Randomized Control Trial

6. Manuscript Identifying Number (if you know it)
M12-0437

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

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|-------------------------------------|--------------------------|-------------------------------------|----------------|------------------------|-----|
| 1. Grant | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PEPFAR | Money for patient Care | X |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Support for travel to meetings for the study or other purposes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

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| | | | | | | ADD |
| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Employment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 4. Expert testimony | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Grants/grants pending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
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| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| | | | | | | ADD |
| 8. Patents (planned, pending or issued) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 9. Royalties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 11. Stock/stock options | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
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Section 1. Identifying Information

1. Given Name (First Name)
Salim S.

2. Surname (Last Name)
Abdool Karim

3. Effective Date (07-August-2008)
22-June-2012

4. Are you the corresponding author? ☐ Yes ☒ No
Corresponding Author's Name
Dr Kogieleum Naidoo

5. Manuscript Title
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| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 1. Grant | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | NIH | Comprehensive International Program of Research on AIDS (CIPRA) (grant # AI51794) funded the research infrastructure to conduct this trial | X |
| 1. Grant | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PEPFAR | funded the care of all the participants in the trial | X |
| 1. Grant | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Global Fund to fight AIDS, Tuberculosis and Malaria | Funded the cost of the drugs used in the trial | X |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Support for travel to meetings for the study or other purposes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
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| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
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| | | | | | | ADD |
| 2. Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
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Section 1. Identifying Information

1. Given Name (First Name)
Wafaa

2. Surname (Last Name)
El-Sadr

3. Effective Date (07-August-2008)
28-June-2012

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Kogileum Naidoo

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|------|----|-------------------|----------------------------|----------------|------------|--|
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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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1. Given Name (First Name) Gonasagrie

2. Surname (Last Name) Nair

3. Effective Date (07-August-2008) 02-July-2012

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name Kogielem Naidoo

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| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|-------------------------------------|--------------------------|-------------------------------------|---|------------|-----|
| 1. Grant | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3U19 A1051794; CAPRISA AIDS TREATMENT PROGRAMME, 5U3GPSOO001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB Therapy and HAART), Grant number ZA.09.0263 | | X |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Support for travel to meetings for the study or other purposes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication | | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|---|------------|-----|
| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3U19 A1051794; CAPRISA AIDS TREATMENT PROGRAMME, 5U3GPSOO001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB Therapy and HAART), Grant number ZA.09.0263 | | X |
| | | | | | | ADD |
| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work | | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--|----------|-----|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| Relevant financial activities outside the submitted work | | | | | | |
| | | | | | | |
| 1. Board membership | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 2. Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 3. Employment | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Centre for theAIDS Programme of Research in South Africa | | × |
| | | | | | | ADD |
| 4. Expert testimony | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 5. Grants/grants pending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 8. Patents (planned, pending or issued) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 9. Royalties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 11. Stock/stock options | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| | | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--|--|-----|
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | 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

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

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Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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3. Relevant financial activities outside the submitted work.

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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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|-------------------------------------|---|
| 1. Given Name (First Name) Gerald | 2. Surname (Last Name) Friedland | 3. Effective Date (07-August-2008) 11-July-2012 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dr. Kogieleum Naidoo |
| 5. Manuscript Title "The Immune Reconstitution Inflammatory Syndrome After Antiretroviral Therapy Initiation in Patients With Tuberculosis: Findings From the SAPiT Trial" | | |
| 6. Manuscript Identifying Number (if you know it) M12-0437 | | |

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

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| 1. Grant | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Support for travel to meetings for the study or other purposes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication | | | | | | |
|--|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| | | | | | | ADD |
| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Employment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 4. Expert testimony | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Grants/grants pending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| 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 |
| 8. Patents (planned, pending or issued) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 9. Royalties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 11. Stock/stock options | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |

* This means money that your institution received for your efforts.

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Hide All Table Rows Checked 'No'

SAVE

ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kogieleum

2. Surname (Last Name)
Naidoo

3. Effective Date (07-August-2008)
22-June-2012

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Immune Reconstitution Inflammatory Syndrome following Antiretroviral Therapy Initiation in Tuberculosis Patients: A Secondary Analysis of a Randomized Control Trial

6. Manuscript Identifying Number (if you know it)
M12-0437

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

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---------------------------------|-------------------------------------|--------------------------|-------------------------------------|--|------------|-----|
| 1. Grant | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3 U19 AI051794; CAPRISA AIDS TREATMENT Programme, 5U3GPS001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB Therapy and HAART), Grant number ZA.09.0263 | | X |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication | | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--|------------|-----|
| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 3. Support for travel to meetings for the study or other purposes | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3 U19 AI051794; CAPRISA AIDS TREATMENT Programme, 5U3GPS001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB Therapy and HAART), Grant number ZA.09.0263 | | × |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3 U19 AI051794; CAPRISA AIDS TREATMENT Programme, 5U3GPS001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB therapy and HAART), Grant number ZA.09.0263 | | × |
| | | | | | | ADD |
| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |

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|---|-------------------------------------|--------------------------|-------------------------------------|--|----------|-----|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Employment | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Centre for the AIDS Programme of Research in South Africa | | X |
| | | | | | | ADD |
| 4. Expert testimony | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Grants/grants pending | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Howard Hughes Medical Institute (PI: SS Abdool Karim) TRuTH 09/01/2008 – 08/31/2009 CARE CDC South Africa (PI: Kogieleum Naidoo) 30 September 2009 - 29 September 2012 Description: The TRuTH Study: TB Recurrence Upon Treatment with TB therapy and HAART | | X |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

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|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
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| | | | | | | ADD |
| 7. Payment for manuscript preparation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 8. Patents (planned, pending or issued) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 9. Royalties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 11. Stock/stock options | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |

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Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

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

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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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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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nesri

2. Surname (Last Name)
Padayatchi

3. Effective Date (07-August-2008)
25-June-2012

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name

5. Manuscript Title
Immune Reconstitution Inflammatory Syndrome following Antiretroviral Therapy Initiation in Tuberculosis Patients: A Secondary Analysis of a Randomized Control Trial

6. Manuscript Identifying Number (if you know it)
M12-0437

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

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---------------------------------|-------------------------------------|--------------------------|-------------------------------------|--|------------|-----|
| 1. Grant | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3 U19 AI051794; CAPRISA AIDS TREATMENT Programme, 5U3GPS001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB Therapy and HAART), Grant number ZA.09.0263 | | X |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication | | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--|------------|-----|
| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 3. Support for travel to meetings for the study or other purposes | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3 U19 AI051794; CAPRISA AIDS TREATMENT Programme, 5U3GPS001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB Therapy and HAART), Grant number ZA.09.0263 | | × |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3 U19 AI051794; CAPRISA AIDS TREATMENT Programme, 5U3GPS001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB Therapy and HAART), Grant number ZA.09.0263 | | × |
| | | | | | | ADD |
| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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 outside the submitted work | | | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|---|----------|-----|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Employment | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Centre for the AIDS Programme of Research in South Africa | | X |
| | | | | | | ADD |
| 4. Expert testimony | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work | | | | | | |
|---|-------------------------------------|--------------------------|----------------------------|---|----------|-----|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 5. Grants/grants pending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Howard Hughes Medical Institute (PI: SS Abdool Karim) TRuTH 09/01/2008 – 08/31/2009 CARE CDC South Africa NIH/FIC D43 TW00231 International Training Program in Epidemiology of AIDS 08/01/2005-04/30/2015 Description: The International Training Program in Epidemiology related to AIDS provides pre- and postdoctoral training in epidemiology for health scientists, clinicians and allied health workers from South Africa. | | × |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 8. Patents (planned, pending or issued) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 9. Royalties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|--|-----|
| | | | | | | ADD |
| 11. Stock/stock options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | 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):

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 <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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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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.

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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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nonhlanhla

2. Surname (Last Name)
Yende-Zuma

3. Effective Date (07-August-2008)
22-June-2012

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Kogieleum Naidoo

5. Manuscript Title
Immune Reconstitution Inflammatory Syndrome following Antiretroviral Therapy Initiation in Tuberculosis Patients: A Randomized Control Trial

6. Manuscript Identifying Number (if you know it)
M12-0437

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

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|-------------------------------------|--------------------------|-------------------------------------|--|------------|-----|
| 1. Grant | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3 U19 AI051794; CAPRISA AIDS TREATMENT Programme, 5U3GPS001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB Therapy and HAART), Grant number ZA.09.0263 | | X |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Support for travel to meetings for the study or other purposes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication | | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--|------------|-----|
| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3 U19 AI051794; CAPRISA AIDS TREATMENT Programme, 5U3GPS001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB therapy and HAART), Grant number ZA.09.0263 | | X |
| | | | | | | ADD |
| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

Section 3.

Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work | | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--|----------|-----|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| Relevant financial activities outside the submitted work | | | | | | |
| 1. Board membership | | | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 2. Consultancy | | | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 3. Employment | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Centre for the AIDS Programme of Research in South Africa | | × |
| | | | | | | ADD |
| 4. Expert testimony | | | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 5. Grants/grants pending | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Howard Hughes Medical Institute (PI: SS Abdool Karim) TRuTH 09/01/2008 – 08/31/2009 CARE CDC South Africa (PI: Kogieleum Naidoo) 30 September 2009 - 29 September 2012 Description: The TRuTH Study: TB Recurrence Upon Treatment with TB therapy and HAART | | × |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | | | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | | | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 8. Patents (planned, pending or issued) | | | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| | | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--|--|-----|
| | | | | | | ADD |
| 9. Royalties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 11. Stock/stock options | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |

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Section 4. Other relationships

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Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sheila
2. Surname (Last Name)
Bamber
3. Effective Date (07-August-2008)
26-June-2012
4. Are you the corresponding author? ☐ Yes ☒ No
Corresponding Author's Name
Dr. Kogieleum Naidoo
5. Manuscript Title
Immune Reconstitution Inflammatory Syndrome following Antiretroviral Therapy Initiation in Tuberculosis Patients. A Randomized Control Trial
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party 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

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| 1. Grant | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Support for travel to meetings for the study or other purposes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication | | | | | | |
|--|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| | | | | | | ADD |
| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.

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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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Employment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 4. Expert testimony | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Grants/grants pending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| 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 |
| 8. Patents (planned, pending or issued) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 9. Royalties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 11. Stock/stock options | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | 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

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Hide All Table Rows Checked 'No'

SAVE

ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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.

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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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kasavan 2. Surname (Last Name) Naidoo 3. Effective Date (07-August-2008) 26-June-2012

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name Dr. Kogieleum Naidoo

5. Manuscript Title Immune Reconstitution Inflammatory Syndrome following Antiretroviral Therapy Initiation in Tuberculosis Patients: A Secondary Analysis of a Randomized Control Trial

6. Manuscript Identifying Number (if you know it) M12-0437

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

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---------------------------------|-------------------------------------|--------------------------|-------------------------------------|--|------------|-----|
| 1. Grant | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3 U19 AI051794; CAPRISA AIDS TREATMENT Programme, 5U3GPS001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB Therapy and HAART), Grant number ZA.09.0263 | | X |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication | | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--|------------|-----|
| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 3. Support for travel to meetings for the study or other purposes | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3 U19 AI051794; CAPRISA AIDS TREATMENT Programme, 5U3GPS001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB Therapy and HAART), Grant number ZA.09.0263 | | × |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comprehensive International Program of Research on AIDS (CIPRA), Grant Number 3 U19 AI051794; CAPRISA AIDS TREATMENT Programme, 5U3GPS001350-04, The TRuTH Study (TB Recurrence upon Treatment with TB therapy and HAART), Grant number ZA.09.0263 | | × |
| | | | | | | ADD |
| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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 outside the submitted work | | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--|----------|-----|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Employment | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Centre for the AIDS Programme of Research in South Africa | | X |
| | | | | | | ADD |
| 4. Expert testimony | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Grants/grants pending | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Howard Hughes Medical Institute (PI: SS Abdool Karim) TRuTH 09/01/2008 – 08/31/2009 CARE CDC South Africa (PI: Kogieleum Naidoo) 30 September 2009 - 29 September 2012 Description: The TRuTH Study: TB Recurrence Upon Treatment with TB therapy and HAART | | X |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

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|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 8. Patents (planned, pending or issued) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 9. Royalties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 11. Stock/stock options | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts.

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Section 4. Other relationships

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Niraksha
2. Surname (Last Name)
Jithoo
3. Effective Date (07-August-2008)
27-June-2012
4. Are you the corresponding author? ☒ Yes ☐ No
5. Manuscript Title
Immune Reconstitution Inflammatory Syndrome following Antiretroviral therapy initiation in Tuberculosis patients:A randomised control trial
6. Manuscript Identifying Number (if you know it)
M12-0437

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

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| 1. Grant | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Support for travel to meetings for the study or other purposes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

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|--|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| | | | | | | ADD |
| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |

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| 1. Board membership | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Employment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 4. Expert testimony | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Grants/grants pending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
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| | | | | | | ADD |
| 8. Patents (planned, pending or issued) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 9. Royalties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 11. Stock/stock options | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
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