ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sharlaa
2. Surname (Last Name) Badal-Faesen
3. Date 01-March-2016

4. Are you the corresponding author? ☑ Yes ☐ No
Corresponding Author’s Name Myron Cohen

5. Manuscript Title
Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)
16-00693

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? ☑ Yes ☐ No

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Are there any relevant conflicts of interest? ☑ Yes ☐ No
If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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Dr. Badal-Faesen reports grant support from the NIH outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  David
2. Surname (Last Name)  Burns
3. Date  01-March-2016

4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  Myron Cohen

5. Manuscript Title
Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)
16-00693

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Dr. Burns has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   David  
2. Surname (Last Name)  
   Celentano  
3. Date  
   01-March-2016  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Myron Cohen  
5. Manuscript Title  
   Antiretroviral Treatment for Prevention of HIV Transmission  
6. Manuscript Identifying Number (if you know it)  
   16-00693

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Dr. Celentano has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Suwat

2. Surname (Last Name)  
   Chariyalertsak

3. Date  
   02-March-2016

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Myron Cohen

5. Manuscript Title  
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)  
   16-00693

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Dr. Chariyalertsak has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Ying

2. Surname (Last Name)  
Chen

3. Date  
29-March-2016

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Myron Cohen

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Dr. Chen has nothing to disclose.

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Other: anything not covered under the previous three boxes
Pending: The patent has not been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent

Cohen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Myron
2. Surname (Last Name)  Cohen
3. Date  04-March-2016
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)
16-00693

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest?  Yes  No

Section 3. Relevant financial activities outside the submitted work.

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 publication.

Are there any relevant conflicts of interest?  Yes  No
If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cohen reports other support from Janssen Global Services, Medscape, Merck Research Laboratories, and Roche Molecular Systems outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Leslie
2. Surname (Last Name)  Cottle
3. Date  01-March-2016
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Myron Cohen
5. Manuscript Title  Antiretroviral Treatment for Prevention of HIV Transmission
6. Manuscript Identifying Number (if you know it)  16-00693

Section 2. The Work Under Consideration for Publication

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Ms. Cottle has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Vanessa

2. Surname (Last Name)  
   Elharrar

3. Date  
   01-March-2016

4. Are you the corresponding author?  
   Yes  
   No  
   Corresponding Author’s Name  
   Myron Cohen

5. Manuscript Title  
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)  
   16-00693

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Are there any relevant conflicts of interest?  
   Yes  
   No

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Are there any relevant conflicts of interest?  
   Yes  
   No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Elharrar has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Joseph

2. Surname (Last Name)
   Eron

3. Date
   10-March-2016

4. Are you the corresponding author?  
   [ ] Yes  [✓] No

   Corresponding Author’s Name
   Myron Cohen

5. Manuscript Title
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)
   16-00693

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  [✓] Yes  [ ] No

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- [✓] No

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Dr. Eron reports grant support from the NIH and FHI 360 during the conduct of the study; grant support and personal fees from Gilead Sciences, Viiv Healthcare, Janssen, AbbVie, Bristol-Myers Squibb, and personal fees from Merck outside the submitted work.
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Section 1. Identifying Information

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   Susan

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   Eshleman

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   01-March-2016

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<td>☑</td>
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<td>Provided reagents for collaborative research studies</td>
</tr>
</tbody>
</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Eshleman reports grant support from the NIH during the conduct of the study; grant support from the NIH, and non-financial support from Abbott outside the submitted work.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   Max

2. **Surname (Last Name)**
   Essex

3. **Date**
   04-March-2016

4. Are you the corresponding author?  
   - Yes  
   - No  
   Corresponding Author’s Name  
   Myron S. Cohen

5. **Manuscript Title**
   Antiretroviral Treatment for Prevention of HIV Transmission

6. **Manuscript Identifying Number (if you know it)**
   16-00693

## Section 2. The Work Under Consideration for Publication

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Dr. Essex has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Thomas

2. Surname (Last Name)
   Fleming

3. Date
   29-February-2016

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author’s Name
   Myron Cohen

5. Manuscript Title
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)
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Dr. Fleming has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Joel

2. Surname (Last Name)  
   Gallant

3. Date  
   02-March-2016

4. Are you the corresponding author?  
   Yes  
   No

   Corresponding Author’s Name  
   Myron Cohen

5. Manuscript Title  
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)  
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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<tr>
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<tr>
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Section 1. Identifying Information

1. Given Name (First Name) Theresa
2. Surname (Last Name) Gamble
3. Date 29-February-2016

4. Are you the corresponding author? □ Yes □ No
   Corresponding Author’s Name
   Myron S. Cohen

5. Manuscript Title
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)
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<tr>
<td>National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH)</td>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>FHI 360 serves as the Leadership and Operations Center (LOC) for the HIV Prevention Trials Network (HPTN). The HPTN is funded by the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), under Cooperative Agreements #UM1-AI068619 and #U01-AI068619.</td>
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Royalties: Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Sheela

2. **Surname (Last Name)**  
   Godbole

3. **Date**  
   01-March-2016

4. **Are you the corresponding author?**  
   - Yes
   - No
   **Corresponding Author's Name**  
   Myron Cohen

5. **Manuscript Title**  
   Antiretroviral Treatment for Prevention of HIV Transmission

6. **Manuscript Identifying Number (if you know it)**  
   16-00693

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
- Are there any relevant conflicts of interest?  
  - Yes
  - No

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

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 publication.  
- Are there any relevant conflicts of interest?  
  - Yes
  - No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes
- No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Godbole has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Beatriz
2. Surname (Last Name) Grinsztejn
3. Date 01-March-2016

4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Myron Cohen

5. Manuscript Title
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)
   16-00693

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ No

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Are there any relevant conflicts of interest? ☑ No

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Dr. Grinsztejn has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   James

2. Surname (Last Name)  
   Hakim

3. Date  
   07-March-2016

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Myron Cohen

5. Manuscript Title  
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)  
   16-00693

**Section 2. The Work Under Consideration for Publication**

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

Are there any relevant conflicts of interest?  
   ☑ Yes  ☐ No

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

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<td>Advisory board member, 2012-2016; attends face-to-face meetings and conference calls</td>
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Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 6. Disclosure Statement

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Dr. Hakim reports grant support from DAIDS/NIH during the conduct of the study, and personal fees from Mylan Pharmaceuticals outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Diane

2. Surname (Last Name)
   Havlir

3. Date
   02-March-2016

4. Are you the corresponding author?  
   □ Yes  □ No
   Corresponding Author’s Name
   Myron Cohen

5. Manuscript Title
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)
   16-00693

Section 2. The Work Under Consideration for Publication

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<td>Gilead Sciences</td>
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<td></td>
<td>✔</td>
<td>Donate medications for NIH research study</td>
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Dr. Havlir reports grant support from the NIH during the conduct of the study; grant support from the NIH, and non-financial support from Gilead Sciences outside the submitted work.

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Hoffman 1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Irving
2. Surname (Last Name)  Hoffman
3. Date  01-March-2016

4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Myron Cohen

5. Manuscript Title  Antiretroviral Treatment for Prevention of HIV Transmission

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Mr. Hoffman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Mina

2. Surname (Last Name)  
   Hosseinpour

3. Date  
   01-March-2016

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Myron Cohen

5. Manuscript Title  
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)  
   16-00693

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   ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hosseinipour has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Sarah
2. Surname (Last Name)  Hudelson
3. Date  16-May-2016

4. Are you the corresponding author?  ☑ Yes  ☐ No  Corresponding Author’s Name  Myron Cohen

5. Manuscript Title  Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)  16-00693

Section 2. The Work Under Consideration for Publication

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Ms. Hudelson has nothing to disclose.

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Kumarasamy
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Nagalingeswaran</th>
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</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Kumarasamy</td>
</tr>
<tr>
<td>3. Date</td>
<td>08-March-2016</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Myron Cohen

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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### Section 2. The Work Under Consideration for Publication

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes  [ ] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Kumarasamy has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Johnstone

2. Surname (Last Name)  
Kumwenda

3. Date  
08-March-2016

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Myron Cohen

5. Manuscript Title  
Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)  
16-00693

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Dr. Kumwenda has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Joseph

2. **Surname (Last Name)**  
   Makhema

3. **Date**  
   06-March-2016

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   **Corresponding Author’s Name**  
   Myron Cohen

5. **Manuscript Title**  
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6. **Manuscript Identifying Number (if you know it)**  
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Dr. Makhema has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kenneth

2. Surname (Last Name)  
   Mayer

3. Date  
   01-March-2016

4. Are you the corresponding author?  
   Yes  No
   Corresponding Author’s Name  
   Myron Cohen

5. Manuscript Title  
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)  
   16-00693

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

<table>
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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tr>
<td>Gilead Sciences, Inc.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Unrestricted research grant</td>
</tr>
<tr>
<td>ViV Healthcare</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Unrestricted research grant</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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?

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Section 6. Disclosure Statement

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Dr. Mayer reports grant support from Gilead Sciences, Inc., and Viiv Healthcare outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Marybeth

2. Surname (Last Name)  
   McCauley

3. Date  
   29-February-2016

4. Are you the corresponding author?  
   ☑ Yes  ☐ No
   
   Corresponding Author’s Name
   Myron Cohen

5. Manuscript Title
   Antiretroviral Treatment for Prevention of HIV Transmission

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Are there any relevant conflicts of interest?  
   ☑ Yes  ☐ No

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

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<tr>
<td>National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH)</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>FHI 360 serves as the Leadership and Operations Center (LOC) for the HIV Prevention Trials Network (HPTN). The HPTN is funded by the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), under Cooperative Agreements #UM1-AI068619 and #U01-AI068619.</td>
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Ms. McCauley reports grant support from the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Lisa

2. Surname (Last Name)  
   Mills

3. Date  
   03-March-2016

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Myron Cohen

5. Manuscript Title  
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)  
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Dr. Mills has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Karin  
2. **Surname (Last Name)**  
   Nielsen-Saines  
3. **Date**  
   01-March-2016  
4. Are you the corresponding author?  
   - Yes  
   - No  
   **Corresponding Author’s Name**  
   Myron Cohen  
5. **Manuscript Title**  
   Antiretroviral Treatment for Prevention of HIV Transmission  
6. **Manuscript Identifying Number (if you know it)**  
   16-00693

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
- Yes  
- No

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- No

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- No

---

Nielsen-Saines
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Nielsen-Saines has nothing to disclose.

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1. Given Name (First Name)  
   Ravindre

2. Surname (Last Name)  
   Panchia

3. Date  
   01-March-2016

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Myron Cohen

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Dr. Panchia has nothing to disclose.

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1. Given Name (First Name) Jose Henrique

2. Surname (Last Name) Pilotto

3. Date 01-March-2016

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Corresponding Author’s Name Myron Cohen

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No
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Dr. Pilotto has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Estelle

2. Surname (Last Name)  
   Piwowar-Manning

3. Date  
   01-March-2016

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

   Corresponding Author’s Name  
   Myron S. Cohen

5. Manuscript Title  
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)  
   16-00693

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Are there any relevant conflicts of interest?  
   ☑ Yes   ☐ No

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Section 1. Identifying Information

1. Given Name (First Name)  
Andrew

2. Surname (Last Name)  
Redd

3. Date  
16-May-2016

4. Are you the corresponding author?  
☑️ No  

Corresponding Author’s Name  
Myron Cohen

5. Manuscript Title  
Antiretroviral Treatment for Prevention of HIV Transmission

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Dr. Redd has nothing to disclose.

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Santos
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Breno

2. Surname (Last Name)  
   Santos

3. Date  
   02-March-2016

4. Are you the corresponding author?  
   □ Yes  □ No

   Corresponding Author’s Name  
   Myron Cohen

5. Manuscript Title  
   Antiretroviral Treatment for Prevention of HIV Transmission

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Dr. Santos has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Susan

2. Surname (Last Name)  
   Swindells

3. Date  
   01-March-2016

4. Are you the corresponding author?  
   Yes [ ] No [X]

   Corresponding Author’s Name  
   Myron Cohen

5. Manuscript Title  
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   Taha

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   Taha

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   ☑ No  
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   ☑ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 5. Relationships not covered above

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?

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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.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Taha has nothing to disclose.

Evaluation and Feedback

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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 six parts.

1. Identifying information.

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".

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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.


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

5. Relationships not covered above.

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  
   Xinyi Cindy

2. Surname (Last Name)  
   Zhang

3. Date  
   29-February-2016

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

Corresponding Author’s Name  
Myron Cohen

5. Manuscript Title  
   Antiretroviral Treatment for Prevention of HIV Transmission

6. Manuscript Identifying Number (if you know it)  
   16-00693

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

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

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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Zhang reports grant support from NIAID during the conduct of the study.

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