

ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Spyros A. Kalams

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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

ICMJE DISCLOSURE FORM

Date: 4/12/2024

Your Name: Barbara K. Felber

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Inventor on US Government-owned patents related to CE DNA vaccine development.	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: James I. Mullins

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Hyman M. Scott

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Mary A. Allen

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Stephen C. De Rosa

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Jack Heptinstall

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

Georgia Tomaras (supervisor) signed on behalf of Jack Heptinstall since he is unreachable currently.

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

ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Georgia D. Tomaras

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Jiani Hu

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Allan C. decamp

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

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

ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Margherita Rosati

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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

ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Jenifer Bear

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Michael Pensiero

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: John Eldridge

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

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

ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Michael A. Egan

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: Drew Hannaman

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: M. Juliana McElrath

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/8/2024

Your Name: George N. Pavlakis

Manuscript Title: Focusing HIV-1 Gag T-cell responses to highly conserved regions by DNA vaccination: HVTN 119 trial

Manuscript Number (if known): 180819-INS-CMED-1

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	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Inventor on US Government-owned patents related to CE DNA vaccine development.	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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