| Date: | 11/8/2022 |
|-------------------------------|---|
| Your Name: | Jennifer A White |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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

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| | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|---|---|
| 4 | Consulting fees | None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None |
| 6 | Payment for expert testimony | None None |
| 7 | Support for attending meetings and/or travel | None None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None 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 | None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | | |
| 13 | Other financial or non-financial interests | None | | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

| Date: | 11/8/2022 |
|-------------------------------|---|
| Your Name: | Jerald Cherian |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None National Institute of Health T32 Al007291 | |
| 3 | Royalties or licenses | None None | |

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|----|--|--|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
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| Date: | 11/8/2022 |
|-------------------------------|---|
| Your Name: | Jiayi Duan |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
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| Date: | 11/8/2022 |
|-------------------------------|---|
| Your Name: | Jun Lai |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| 6 | Payment for expert testimony | None | |
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| Date: | 11/10/2022 |
|-------------------------------|---|
| Your Name: | Jeanelle Mae C. Quiambao |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
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| Date: | 11/8/2022 |
|-------------------------------|---|
| Your Name: | Joseph Varriale |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
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| Date: | 11/8/2022 |
|-------------------------------|---|
| Your Name: | Christin Kilcrease |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
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| Date: | 11/8/2022 |
|-------------------------------|---|
| Your Name: | Kyle Rhodehouse |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| 6 | Payment for expert testimony | X N | one | |
| 7 | Support for attending meetings and/or travel | N | one | |
| 8 | Patents planned, issued or pending | M N | one | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | N | one | |
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| Date: | 11/8/2022 |
|-------------------------------|---|
| Your Name: | Mei Zheng |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| 6 | Payment for expert testimony | None | |
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| Date: | 11/18/2022 |
|-------------------------------|---|
| Your Name: | Michael Delannoy |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
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| Date: | 11/8/2022 |
|-------------------------------|---|
| Your Name: | Milica Moskovljevic |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if procedure) made to you or to your institution | |
|----|--|---|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

| Date: | 11/11/2022 |
|-------------------------------|---|
| Your Name: | Natasha Chida |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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.

| | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if procedure) made to you or to your institution | |
|----|--|---|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

| ICMJE DISCLOSURE FORM | | | | |
|--|---|---------------------------------------|--|--|
| Date: | 11/10/2022 | | | |
| Your Name: | Ndeh Fru Tadzong | _ | | |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia | , , , , , , , , , , , , , , , , , , , | | |
| Manuscript Number (if l | nown): _165245-JCI-CMED-RV-2 | _ | | |
| content of your manuscr affected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperte that medication is not medication is not medication. | 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. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months. | | | |
| | 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) | | | |

| | | 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) |
|--|--|--|---|
| | | Time frame: Since the initial planning | of the work |
| All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | ns . |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | □ None | |
| | | | |
| 3 | Royalties or licenses | □ None | |
| | | | |

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

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

| Date: | 11/11/2022 |
|-------------------------------|---|
| Your Name: | Patricia Barditch-Crovo |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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

| | | Specifications/Comments (e.g., if payments were made to you or to your institution) | | |
|---|---|---|---------------------------|---|
| | | Time frame: Since the initial planning of the work | | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | | None | Click the tab key to add additional rows. |
| | | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | None | |
| 3 | Royalties or licenses | | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if procedure) made to you or to your institution | |
|----|--|---|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

| Date: | 11/10/2022 |
|-------------------------------|---|
| Your Name: | Subul Beg |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|---|---|
| | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if procedure) made to you or to your institution | |
|----|--|---|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

| Date: | 11/8/2022 |
|-------------------------------|---|
| Your Name: | SÉBASTIEN POULIN |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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

| | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None Time frame and 20 months | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|--|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Gilead speaker ViiV speaker | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | Gilead sponsorship for HIVGlasgow 2022 | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Gilead advisory board ViiV advisory board Merck advisory board | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea 🖂 | Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

| Date: | 11/10/2022 |
|-------------------------------|---|
| Your Name: | Saif Yasin |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|---|---|
| | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if procedure) made to you or to your institution | |
|----|--|---|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

| Date: | 11/10/2022 |
|-------------------------------|---|
| Your Name: | Angelica Camilo Contreras |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if procedure) made to you or to your institution | |
|----|--|---|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

| Date: | 11/9/2022 |
|-------------------------------|---|
| Your Name: | Christopher Hoffmann |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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.

| | | 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) |
|---|---|---|---|
| | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | is |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | NYS DOH DOH01C31102GG3450000 NIH R01AI131796 UNITAID 2017-20-IMPAACT4TB NIH R34MH118998 NIH R01AI150432 NIH R01AI143748 NIH R21TW011689 NIH R34DA055507 NIH U01CA261626 | To institution; unrelated to this work |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|--|--|---|
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, | ☑ None | |

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

| Date | e: | | 11/14/2022 | | |
|--|---|--|--|---|--|
| Your Name: | | | Cécile Tremblay | | |
| Manuscript Title: | | | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia | | |
| Mar | nuscript Number (if l | known): | 165245-JCI-CMED-RV-2 | | |
| content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, you that medication is not mentioned | | ript. "Rela of the mar e in doubt os/activitie ension, you entioned | ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript. | /interest, it is preferable that you do so. | |
| | | | entities with whom you have this hip or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| | | | Time frame: Since the initial planning | of the work | |
| | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | | FRQS#MI | Click the tab key to add additional rows. | |
| | | | Time frame: past 36 month | s | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | NIH CIHR Merck | one | Gilead | |
| 3 | Royalties or licenses | | one | | |

| | | 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 | Merck Gilead GSK Astrazeneca | Sanofi Medicago Pfizer Moderna |
| 5 | Payment or honoraria for lectures, presentations, | VIIV None Merck Gilead | Astrazeneca Pfizer |
| | speakers bureaus, manuscript writing or educational events | GSK | Moderna |
| 6 | Payment for expert testimony | None CMPA | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Colcorona Dalcor Hesperidin | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

| Date: | November 11 2022 |
|-------------------------------|---|
| Your Name: | Frederic Chano, MD, PhD |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| | | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|---|
| | | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | X | None | Click the tab key to add additional rows. |
| | | | Time frame: past 36 month | is . |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X | None | |
| | | | | |
| 3 | Royalties or licenses | X | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| | | | |
| 4 | Consulting fees | X None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None | |
| 6 | Payment for expert testimony | X None | |
| 7 | Support for attending meetings and/or travel | X None | |
| 8 | Patents planned, issued or pending | X None | |
| 9 | Participation on a Data Safety Monitoring | □ None Gilead advisory board, October 26 2022 | |

| | | 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) |
|----------------|---|--|---|
| | Board or Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | x None | |
| 11 | Stock or stock options | X None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None | |
| 13 | Other financial or non-financial interests | None ■ | |
| Plea X □ | | to the following statement to indicate your agreeme answered every question and have not altered the wo | |

| Date: | 11/10/2022 |
|-------------------------------|---|
| Your Name: | Filippo Dragoni |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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.

| | | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|---|
| | | Time frame: Since the initial planning of the work | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | | None | Click the tab key to add additional rows. |
| | | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | None | |
| 3 | Royalties or licenses | | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if provided in the provided in th | |
|----|--|--|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

| Date: | 11/8/2022 |
|-------------------------------|---|
| Your Name: | Fengting Wu |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if provided in the provided in th | |
|----|--|--|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

| Date: | 11/10/2022 |
|-------------------------------|---|
| Your Name: | Heer Patel |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| | | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | None | |
| 3 | Royalties or licenses | | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if provided in the provided in th | |
|----|--|--|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

| Date: | 11/9/2022 |
|-------------------------------|---|
| Your Name: | Hao Zhang |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|--|--|---|
| 3 | Royalties or licenses | None None | |
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, | ☑ None | |

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

| Date: | 11/10/2022 |
|-------------------------------|---|
| Your Name: | Michael F. Summers |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if present the present th | |
|----|--|--|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

| Date: | 11/8/2022 |
|-------------------------------|---|
| Your Name: | Robert Siliciano |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|---|---|---|
| 4 | Consulting fees | Consultant for Nextimmune on HIV cure issues | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | Dr. R. Siliciano is an inventor on a patent application for the intact proviral DNA assay (IPDA) filed by JHU and licensed by AccelevirDx | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

| Date: | 11/11/2021 |
|-------------------------------|---|
| Your Name: | Richard D Moore |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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|---|---|-----|---|---|
| | | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | NIH | None | Payment made to institution Click the tab key to add additional rows. |
| | | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | None | |
| 3 | Royalties or licenses | | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if present the present th | |
|----|--|--|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

| Date: | 11/11/2022 |
|-------------------------------|---|
| Your Name: | Francesco Roberto Simonetti |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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|---|---|--|---|
| | | Time frame: Since the initial planning o | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | NIH OFFICE of the Director DP5 GRANT DP5OD031834 Time frame: past 36 months | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if present the present th | |
|----|--|--|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 11 | Stock or stock options | None | |
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| 13 | Other financial or non-financial interests | None | |
| Plea 🖂 | Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

| Date: | 11/10/2021 |
|-------------------------------|---|
| Your Name: | Janet Siliciano |
| Manuscript Title: | Clonally expanded HIV-1 proviruses with 5'-Leader defects can give rise to nonsuppressible residual viremia |
| Manuscript Number (if known): | 165245-JCI-CMED-RV-2 |

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| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if present the present th | |
|----|--|--|--|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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

The Journal of Clinical Investigation

Click on boxes to check/uncheck items.

Checklist for submitting a revised Clinical Medicine manuscript

In addition to addressing the items noted in the decision letter regarding your manuscript, ensure that your revised manuscript adheres to the guidelines below. For full submission details, visit the ICI website.

Required files

Manuscript

PDF of a clean version of the entire manuscript; include references, figures, figure legends, and tables. PDF of a marked-up version of the entire manuscript showing revisions and beginning with a point-by-point response to reviewer comments.

Word or RTF file of all manuscript text; include references, figure legends, tables, and table legends (but not figures, images, markup, or point-by-point responses).

Single PDF file of completed ICMIE uniform disclosure forms from all authors.

For clinical trials, a PDF of the appropriate reporting checklist (CONSORT, STROBE. etc.).

Publication-quality figures in TIFF format. See detailed instructions for figure preparation. Recommended: Graphical abstract (details available here).

Supplemental material

Supplemental information, figures, and modest-sized tables, as:

- (a) (if applicable) a PDF in which reviewer-requested changes are highlighted
- (b) a clean, publication-quality PDF

Upload any supplemental videos and/or large spreadsheets separately.

Before submission, carefully review all supplemental files; they will not be checked by a copy editor. The Journal is not responsible for any errors contained in supplemental material.

Blot/gel images

For any figure showing a cropped blot or gel: a PDF, PPT, or PPTX file (distinct from any other supplemental material) that shows the unedited blot or gel images in their entirety.

Annotate each image as, e.g., "Full unedited gel for Figure 2B."

Clearly indicate which bands were used for the figures.

View Journal policy on gel/blot images.

Formatting and style

Recommended 9,000/maximum 12,000 words (including title page, full text, references, figure legends,

Double-spaced throughout, including references and tables; figure legends may be single spaced if necessary to keep a figure and its legend on the same page.

All pages are numbered.

Each section begins on a new page.

Abbreviations and acronyms

Standard JCI abbreviations and acronyms are used without definition.

All other abbreviations and acronyms are spelled out at first use in the Abstract and again at first use in the main text (with the abbreviated form appearing in parentheses) and used without definition thereafter.

Gene names and symbols

Gene names and symbols conform to official NCBI Gene Nomenclature.

Presented according to JCI Gene nomenclature and style.

Generally reserved for gene symbols, genotypes, and species names.

Terms such as in vivo, in vitro, etc., are not italicized.

Unpublished data, manuscripts in preparation or under review, and personal communications

Cited parenthetically in the text, not as numbered references; e.g., "(Jane L. Doe, UCLA, Los Angeles, California, USA, unpublished observations)."

Written permission to cite unpublished observations by individuals external to the author's research team (email is sufficient) is submitted.

Reference citations

Appear in parentheses preceded by a space, e.g., "as described previously (1, 2)"; "several research groups (4-10) have found."

No superscript, boldface, italics, etc.

Figure and table callouts

Figures and tables are called out in numerical order.

"Figure," "Table," "Supplemental Figure," "Supplemental Table," etc., are spelled out. Callouts appear in parentheses (no boldface or italics) preceded by a space, unless grammatically part of the sentence: "the levels increased (Figure 5A)"; "data shown in Table 2." Parts are called out as, e.g., "Figure 1A," "Figure 2, A and B," "Figure 3, B-D."

Manuscript preparation and required reporting

Title page

Manuscript title

Clear, concise, and limited to 15 words, including conjunctions.

Refers to the relevant disease or disease model studied.

No subtitles, colons, periods, or nonstandard abbreviations.

Authors and affiliations

Author names are provided in full (for example, "Benita J. Sjögren") and in the appropriate order. No titles, honorifics, degrees, or certifications.

Affiliations correspond to the period when the work was performed.

For authors whose affiliation has changed since completion of the work, specify the present affiliation and location below the numbered list.

Affiliation footnotes are assigned consecutively using superscripted numbers (1, 2, 3, etc.).

Affiliations include departments, institutions, city, state (if applicable), and country (but not mailing addresses or zip/regional codes).

Corresponding author's complete name, address, telephone number (including country code if applicable), and email address.

Consortium/study groups shown as authors (e.g., CARDIoGRAM Consortium)

Unless the members of the group appear as authors, each individual member and their affiliation are listed in the supplemental material, under the heading Supplemental Acknowledgments.

The following sentence appears in Acknowledgments: "See Supplemental Acknowledgments for details on {name of consortium}."

Conflict-of-interest statement

A statement consistent with the Journal's conflict-of-interest policy is included; if no author has a conflict, state the following: "The authors have declared that no conflict of interest exists." If patents are involved, the patent or patent application number(s) are provided and the names of the associated authors specified.

Abstract

<u>Structured format</u> with the sections Background, Methods, Results, Conclusion, Trial registration, Funding.

Maximum 250 words.

No references.

All nonstandard abbreviations are defined at first use.

Main text (presented in the following order)

Introduction

Results

Discussion

Methods

Demographic reporting (see details here)

incomplete, an explanation is provided.

Reporting on race and ethnicity adheres to NIH guidelines or other applicable authoritative standards.

Descriptors for any demographic identities are clear, unbiased, and up-to-date.

Data for any demographic variable are inclusive; if any information is unavailable or

Specify whether the participants or investigators made the classifications; and whether the options were defined by the investigators or participants.

Complete manufacturer name (omit location) is provided for each proprietary item used. For animal models, precise genotype, strain, number of backcrosses, sex, age, and source are specified.

Antibodies: Commercial — source and catalog/clone number are specified for each; custom — generation of antibodies is described (or an appropriate reference is cited).

Source of all cell lines used is indicated.

Data sets for gene expression microarrays, SNP arrays, and high-throughput sequencing studies are deposited in a public repository, and accession number(s) provided in Methods in the main text (for publication, data must be publicly available).

Statistics

Section appears near the end of Methods (before "Study approval").

The *P* value used to determine significance of differences is specified; e.g., "A *P* value less than 0.05 was considered significant."

Analysis appropriately corrects for multiple comparisons (more than 2 groups) and for repeated measures (multiple measurements within subjects).

If samples were excluded, a statement describes inclusion/exclusion criteria.

Study approval

Stand-alone paragraph at the end of Methods.

Declaration of approval of human and/or animal studies, specifying the official name and location of the applicable institutional review board(s).

For human studies, a statement indicates receipt of written informed consent from participants and/or their parents/guardians.

For use of photographs of participants, a separate statement of written informed consent is included.

Author contributions

Contribution of each author (identified by initials) is specified; e.g., designing research studies, conducting experiments, acquiring data, analyzing data, providing reagents, writing the manuscript. Multiple contributions may be listed for a single individual, and more than one individual may be associated with a single contribution.

Grammatically complete sentences are used.

For manuscripts with 2 or more co-first authors, the method used to assign authorship order among these authors is stated.

Acknowledgments

States sources of support in the form of grants, equipment, or drugs.

Grant numbers are provided as applicable.

Other acknowledgments, such as of colleagues for advice, are included as appropriate.

References

Prepared according to How to prepare references for submission.

Figure legends

Maximum 300 words.

Each begins with a stand-alone title, irrespective of the individual parts.

Figure parts are called out in boldface: (A), (B-D), (C and E).

Symbols and abbreviations introduced in figures are defined and used consistently throughout. Use of terms within the legends is consistent with that in the figures themselves.

In each figure legend where appropriate, the statistical test(s) used are described.

For each panel representing multiple experiments, the exact number of samples (n) is reported. For representative experiments, the number of times the experiment was conducted is reported.

Error bars are defined either in Statistics or in the individual legends; e.g., "Data represent mean ± SEM."

Variance around the mean and statistical analysis are not provided for figures representing fewer than 3 independent samples.

For histological panels and insets, scale bars are defined or total original magnification is specified in the legends.

Figures

Prepared according to How to prepare figures for submission.

For clinical trials, the appropriate flow diagram appears as a figure.

Parts are labeled with capital letters: A, B, C, etc., with no designated subparts.

Graphs of quantitative data are presented as either dot plots, with average and appropriate error bars indicated; or box-and-whisker plots, with values defined in the legend (bounds of the boxes, lines within the boxes, whiskers, and any outlying values). Dynamite plunger plots are not permitted.

If lanes in a gel or blot image are spliced together into a composite image, the lanes are distinguished with a thin vertical dividing line (black on a gray background; or white on a black background). State in the legend that the lanes were run on the same gel but were noncontiguous.

Tables

Prepared in Word table format (not pasted in from another application).

 ${\bf Self\text{-}contained\ and\ self\text{-}explanatory}.$

Preceded by brief titles.

Each table fits on a single page and is presented on its own page.

Callouts to footnotes (designated with superscript capital letters) are assigned alphabetically row by row.

No subparts or subsections (for example, Table 1A and Table 1B).

Column headings in tables apply to all values throughout the column; a new row of column headings may not be introduced within a table.

See "Methods" above for reporting on demographics.