

#### **Instructions**

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#### Identifying information.

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

## 2. The work under consideration for publication.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi	irst Name)	2. Surname (Last Name) Seldon	3. Effective Date (07-August-2008) 12-January-2012
4. Are you the co	responding author?	☐ Yes 📝 No	Corresponding Author's Name Associate Professor Graeme Meintjes
5. Manuscript Titl Corticosteroid n		tivation in the TB immune	reconstitution inflammatory syndrome
6. Manuscript Ide Not available ye	ntifying Number (if you t	know it)	_

# Section 2. The Work Under Consideration for Publication

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

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



The Work Unde	r Consideration for	Publi	ication				
Ту	pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

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

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

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

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

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



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	✓					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	ancy on this line.	ADD
Section 4. Other relationsh	ing -					
Other relations						
Are there other relationships or activity potentially influencing, what you wro				to have influenced, or th	at give the appearance of	

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

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

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

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Colebunders 1

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5. Manuscript Title	2		
Corticosteroid m	nodulated immune ac	tivation in the TB immune	reconstitution inflammatory syndrome
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The Work Under Consideration for Publication						
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**	

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#### Relevant financial activities outside the submitted work

Colebunders 2

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



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

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Colebunders 3

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Conesa-Botella 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Anali	2. Surname (Last Name) Conesa-Botella	3. Effective Date (07-August-2008) 06-January-2012
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Graeme Meintjes
5. Manuscript Title Corticosteroid modulated immune ac	tivation in the TB immune	reconstitution inflammatory syndrome
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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant		<b>✓</b>		Flemish Interuniversity council (VLIR)	PhD grant	×
						ADD
3. Support for travel to meetings for the study or other purposes		<b>✓</b>		Flemish Fund for Scientific Research (FWO)	Travel grant	×
						ADD

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Conesa-Botella 2

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

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	Yes, the following	relationships/c	conditions/circu	ımstances are p	resent (explain	below):

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Katalin	irst Name)	2. Surname (Last Name) Wilkinson		3. Effective Date (07-August-2008) 14-January-2012
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Na Graeme Meintjes	ame
5. Manuscript Titl Corticosteroid n		tivation in the TB immune r	econstitution inflammatory	y syndrome
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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	<b>✓</b>					×	
						ADD	
2. Consulting fee or honorarium	<b>✓</b>					×	
						ADD	
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×	



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	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		<b>✓</b>					×	
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						ADD	
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						ADD	
3. Employment	<b>✓</b>					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	<b>✓</b>					×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X	
						ADD	
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						ADD	
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						ADD	
9. Royalties	✓					×	
						ADD	
10. Payment for development of educational presentations	<b>✓</b>					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×	
						ADD	
13. Other (err on the side of full disclosure)	<b>✓</b>					×	
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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Gary	irst Name)	2. Surname (Last Name) Maartens	3. Effective Date (07 05-January-2012	-August-2008)
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Graeme Meintjes	
5. Manuscript Titl Corticosteroid n		tivation in the TB immune	econstitution inflammatory syndrome	
6. Manuscript Ide Not available ye	ntifying Number (if you t	know it)	_	

# Section 2. The Work Under Consideration for Publication

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

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

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



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

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

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

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

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					×	
						ADD	
3. Employment	<b>✓</b>					×	
						ADD	
4. Expert testimony	<b>✓</b>					×	
						ADD	
5. Grants/grants pending		<b>✓</b>		NIH AIDS Clinical Trials Group.	International Pharmacology Specialty Laboratory	×	
5. Grants/grants pending		<b>✓</b>		NIH 1 R01 AI 96735-01		×	
						ADD	

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

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



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

#### Section 4. Other relationships

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

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

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



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

SAVE

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



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

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## 4. Other relationships.

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



Section 1.	Identifying Infor	mation		
1. Given Name (Fi KERRYN	irst Name)	2. Surname (Last Name) MATTHEWS		3. Effective Date (07-August-2008) 08-August-2009
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name GRAEME MEINTJES	
5. Manuscript Title Corticosteroid n		tivation in the TB immune r	econstitution inflammatory	y syndrome
6. Manuscript Ide Not available ye	ntifying Number (if you t	know it)	_	

# Section 2. The Work Under Consideration for Publication

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

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

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



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

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

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

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

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

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

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



D. I	ماد داد					
Relevant financial activities outs  Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
10. Payment for development of educational presentations	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
			_			ADD
* This means money that your institution ** For example, if you report a consultand				ravel related to that consult	ancy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activity potentially influencing, what you wro				to have influenced, or th	at give the appearance of	
✓ No other relationships/conditions	s/circum	stances th	nat present a po	otential conflict of intere	st	
Yes, the following relationships/c	ondition	s/circums	tances are pre	sent (explain below):		

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

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

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



#### **Instructions**

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#### Identifying information.

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

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## 4. Other relationships.

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



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Graeme	2. Surname (Last Name) Meintjes	3. Effective Date (07-August-2008) 05-January-2012
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Corticosteroid modulated immune ac	tivation in the TB immune reconstitution	inflammatory syndrome
6. Manuscript Identifying Number (if you Not available	know it)	

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

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

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

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



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

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

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

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

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

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

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



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

# Section 4. Other relationships

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

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

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

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



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

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

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) morroni		3. Effective Date (07-August-2008) 18-January-2012
4. Are you the corresponding author? Yes ✓ No		Corresponding Author's Name graeme meintjes		
5. Manuscript Title Corticosteroid n		tivation in the TB immune r	econstitution inflammator	y syndrome
6. Manuscript Ide Not available ye	ntifying Number (if you t	know it)	_	

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



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

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

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

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

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



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

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

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

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

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Hide All Table Rows Checked 'No'

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## 1. Identifying information.

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

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

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

### 4. Other relationships.

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

Pepper //o~

1. Given Name (First Name) Dominique	<ol><li>Surname (Last Name)</li><li>Pepper</li></ol>	3. Effective Date (07-August-2008 05-January-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Graeme Meintjes
5. Manuscript Title Corticosteroid modulated immune ad	ctivation in the TB Immune	e reconstitution inflammatory syndrome

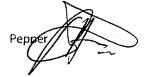
#### Section 2.

#### The Work Under Consideration for Publication

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

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

The Work Un	der Consideration f	or Publ	ication				
	Туре	No	Paid	Money to Your Institution	Name of Entity	Comments**	
1. Grant					Fogarty International Center and NIH	NIH/FIC 1U2RTW007373-01A1	A DID
2. Consulting fe	ee or honorarium						A
	ravel to meetings for other purposes	<b>V</b>					And
activities sucl boards, statis	cipation in review nas data monitoring tical analysis, end ttees, and the like						All
5. Payment for the manuscri	writing or reviewing ot	$\square$					X



Type		Money to	Name of Entity	Comments**	
Provision of writing assistance, medicines, equipment, or administrative support	<b>\</b>				
7Other	· 🗸				Apid X Add

#### Section 3.

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

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

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



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

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

Relevant financial activities out	side th	e submitt	ted work		
Type of Relationship (in alphabetical order)	Na	Money Paid to You	Money to Your Institution	Entity	Comments
7. Payment for manuscript preparation	<b>√</b>		· .		A
8. Patents (planned, pending or issued)	<b>7</b>			:	AE
9. Royalties	<b>V</b>				
Payment for development of educational presentations	<b>V</b>				
11. Stock/stock options	<b>V</b>		. 🔲	· · · · · · · · · · · · · · · · · · ·	A
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>7</b>				
13. Other (err on the side of full disclosure)	<b>√</b>			: 	AL
* This means money that your institution ** For example, if you report a consultance	received cy above	for your eff there is no r	orts. need to report trav	el related to that consulta	ncy on this line.
Section 4. Other relations	iles				
Are there other relationships or activ potentially influencing, what you wro				have influenced, or that	give the appearance of
No other relationships/conditions					

Pepper



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Section 1. Identifying Infor	nation	
1. Given Name (First Name) HEBECCA	2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes X No	
5. Manuscript Title Corticosteroid modulated immune act	ivation in the TB immune reconstitution	n inflammatory syndrome
6. Manuscript Identifying Number (if you k Not available yet	now it)	

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



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity		Comments
Board membership	X					
. Consultancy	$\boxtimes$					
Employment	$\boxtimes$					
Expert testimony	区					00000000000000000000000000000000000000
Grants/grants pending						
Payment for lectures including service on speakers bureaus	$\boxtimes$					
Payment for manuscript preparation	×				· · · · · · · · · · · · · · · · · · ·	

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Relevant financial activities ou	tside the submitted work			
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8. Patents (planned, pending or issued)				ADD X
9. Royalties				ADD X
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**				ADD
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Section 1.	Identifying Info	ormation	
1. Given Name (F	First Name)	2. Surname (Last Name) RANGAICA	3. Effective Date (07-August-2008) 01-January -2012
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No

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

The Work Under Consideration for Publication								
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1. Grant	X					× ADD		
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<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	X					×		
5. Payment for writing or reviewing the manuscript	$\nearrow$					X ADD		
Provision of writing assistance, medicines, equipment, or administrative support	×					×		



The Work Under Consideration for Publication

# ICMJE Form for Disclosure of Potential Conflicts of Interest

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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×				X	3. Support for travel to meetings for the study or other purposes
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x adv					X	13. Other (err on the side of full disclosure)
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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Kevin	irst Name)	2. Surname (Last Name) Rebe		ctive Date (07-August-2008) nuary-2012
4. Are you the co	responding author?	☐ Yes 🗸 No	Corresponding Author's Name Dr Graeme Meintjes	
5. Manuscript Titl Corticosteroid n		tivation in the TB immune	reconstitution inflammatory syndro	ome
6. Manuscript Ide Not available ye	ntifying Number (if you t	know it)	_	

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



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	<b>✓</b>					×	
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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	<b>✓</b>					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
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Relevant financial activities out	side the	submit	ted work			
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						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	✓					×
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<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	ADD
Section 4. Other relationsl	ains -					
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Are there other relationships or active potentially influencing, what you wro			•	to have influenced, or th	at give the appearance of	

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

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

### 4. Other relationships.

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



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Keira	2. Surname (Last Name) Skolimowska	3. Effective Date (07-August-2008) 12-January-2012
4. Are you the corresponding author?	Yes No Correspo	onding Author's Name
<ul><li>5. Manuscript Title</li><li>Corticosteroid modulated immune ac</li><li>6. Manuscript Identifying Number (if you I</li></ul>		tion inflammatory syndrome
Not available yet	now it)	

# Section 2. The Work Under Consideration for Publication

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

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

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



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

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

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

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

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

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

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



Relevant financial activities out	side the	submit	ted work				
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	<b>✓</b>					×	
						ADD	
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×	
						ADD	
11. Stock/stock options	<b>✓</b>					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×	
						ADD	
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×	
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.							
Section 4. Other relational							
Other relationships							
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?							
✓ No other relationships/conditions/circumstances that present a potential conflict of interest							

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

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

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

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#### **Evaluation and Feedback**

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



#### **Instructions**

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

### Identifying information.

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

### 2. The work under consideration for publication.

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

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

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

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### 4. Other relationships.

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



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Robert	irst Name)	2. Surname (Last Name) Wilkinson	3. Effective Date (07-August-2008) 28-December-2011
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Graeme Meintjes
5. Manuscript Title Corticosteroid m		tivation in the TB immune r	econstitution inflammatory syndrome
6. Manuscript Ide	ntifying Number (if you	know it)	_

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

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

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

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



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

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

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

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

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



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

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

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