

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ken

2. Surname (Last Name)
Kunisaki

3. Date
01-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Lung Function Decline in Early HIV Infection: Impact of Antiretroviral Drug Timing and Drug Regimen

6. Manuscript Identifying Number (if you know it)
Blue-201911-2266LE

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R01 HL096453, UM1 AI068641, UM AI120197

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
GlaxoSmithKline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nuvaira, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Dr. Kunisaki reports grants from National Institutes of Health, during the conduct of the study; personal fees from GlaxoSmithKline, personal fees from NuVaira, Inc., outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Jason

2. Surname (Last Name)
Baker

3. Date
02-December-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ken Kunisaki

5. Manuscript Title
Lung Function Decline in Early HIV Infection: Impact of Antiretroviral Drug Timing and Drug Regimen

6. Manuscript Identifying Number (if you know it)
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Dr. Baker reports grants from National Institutes of Health, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Gary

2. Surname (Last Name)

Collins

3. Date

12-6-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ken Kunisaki

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
MacDonald

3. Date
01-December-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ken Kunisaki

5. Manuscript Title
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Elzbieta

2. Surname (Last Name)
Bakowska

3. Date
05-March-2020

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Corresponding Author's Name
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Section 1. Identifying Information

1. Given Name (First Name) NNAKELU	2. Surname (Last Name) ERIOBU	3. Date 21-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ken Kunisaki
5. Manuscript Title Lung Function Decline in Early HIV Infection: Impact of Antiretroviral Drug Timing and Drug Regimen		
6. Manuscript Identifying Number (if you know it) Blue-201911-2266LE		

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. ERIOBU has nothing to disclose.

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4. Intellectual Property.

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

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name) Alberto 2. Surname (Last Name) La Rosa 3. Date 12-December-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Ken Kunisaki

5. Manuscript Title
Lung Function Decline in Early HIV Infection: Impact of Antiretroviral Drug Timing and Drug Regimen

6. Manuscript Identifying Number (if you know it)
Blue-201911-2266LE

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Are there any relevant conflicts of interest? Yes No

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

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R01 HL096453, UM1 AI068641, UM AI120197

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
MSD Peru	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Salary



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Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. La Rosa reports grants from National Institutes of Health, during the conduct of the study; other from MSD Peru, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Connett

3. Date
09-December-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ken Kunisaki

5. Manuscript Title
Lung Function Decline in Early HIV Infection

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kamal

2. Surname (Last Name) Marhoum El Filali

3. Date 26-February-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Ken Kunisaki

5. Manuscript Title Lung Function Decline in Early HIV Infection: Impact of Antiretroviral Drug Timing and Drug Regimen

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