Date: 15 May 2	Date: 15 May 2021				
Your Name:	Rena D. Astronomo				
Manuscript Title	e: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection				
against ex vivo I	HIV-1 challenge				
Manuscript nur	nber (if known): 146975-JCI-CMED-1				

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		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,	NIH/NIAID	Funding paid to institution
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	30 months
-	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	NIH/NIAID	
	G ,		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	2 Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
4.2	services	V N	
13	Other financial or non- financial interests	XNone	
	imancial interests		

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

D-+	12	1100	2021
Date:	тэ	iviay	ZUZ 1

Your Name: _____MARIA P LEMOS ______

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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	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,	National Institute of Health	Grant funding
provision of study materials, medical writing, article	Bill and Melinda Gates Foundation	Financial support
processing charges, etc.) No time limit for this item.	Vaccine Research center	Study materials
	Time frame: past	36 months
Grants or contracts from any entity (if not indicated	None	
in item #1 above).		
Royalties or licenses	None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial 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. Time frame: Since the initial National Institute of Health Bill and Melinda Gates Foundation Vaccine Research center Time frame: past Annual Institute of Health Bill and Melinda Gates Foundation Vaccine Research center Time frame: past Annual Institute of Health Bill and Melinda Gates Foundation Vaccine Research center

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
0	testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel		
	3		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:	10	May	2021
		,	

Your	Name:	Sandeep R. Narpala	
ı ouı	ivallic.	Januccy IV. Ival pala	

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
	, , , , , , , , , , , , , , , , , , ,		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
- 11	group, paid or unpaid	A.	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:	10	May	2021
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Your Name: Julie Czartoski

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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		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	<u>x</u> None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>x</u> None	
4	Consulting fees	<u>x</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>x</u> None	
6	Payment for expert testimony	<u>x</u> None	
7	Support for attending meetings and/or travel	<u>x</u> None	
8	Patents planned, issued or pending	<u>x</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
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	<u>x</u> None	
13	Other financial or non- financial interests	x_None	

<u>x</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	13	May	2021

u

Your Name:	Lamar Ballweber Fleming	

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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		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	x_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations,	xNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		

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

Date:	10	Mav	2021
Juic.		. v . ca y	2021

Your Name:	Kelly Seaton		

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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		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,	NIH/NIAID	Grant to institution
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	
2	Grants or contracts from	GSK	Grant to institution; not related to this manuscript
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Invited speaker support for travel to national/international meeting	
8	Patents planned, issued or pending	Patent for HIV incidence testing	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
11	group, paid or unpaid 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	

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

Date: 10 May 2021
Your Name:Madhu Prabhakaran

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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		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 initia	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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus,		
	manuscript writing or		
_	educational events	V 81	
6	Payment for expert	_XNone	
	testimony		
7	Consent for other disc	V None	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_XNone	
	·		
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		

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

Date: 13 May 2021			
Your Name:	Yunda Huang		
Manuscript Title: Recta	al and vaginal tissue from men a	nd women infused intravenously with VRC01 show protection	
against ex vivo HIV-1 cl	nallenge		
Manuscript number (if	known): 146975-JCI-CMED-1		

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		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 Funding from the National Institute of Allergy and Infectious Diseases of the National Institutes of Health, USA	Fred Hutchinson Cancer Research Center
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
/	meetings and/or travel	None	
	_		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date: 10 May 2021
Your Name: Yiwen Lu
Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protectio
against ex vivo HIV-1 challenge
Manuscript number (if known): 146975-JCI-CMED-1

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		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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date: 11 May 2021	
Your Name:Katharine Westerberg	
Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show	nrotection

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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		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	
1	All support for the present	NIH	Paid to institution
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	ivo time initi for this term.		
		Time frame: past	26 months
2	Grants or contracts from	_XNone	30 months
-	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	X None	
	noyanies of necrises		
4	Consulting fees	X None	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

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

Date : 11 May 2021	
Your Name:Lily Zhang	

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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

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

Date:	10	May	2021
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Your Name: __Mary K. Gross ______

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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

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		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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date: 15 May 2021 **Your Name:** John Hural

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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		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 US National Institutes of Health Bill & Melinda Gates Foundation	Payments made to my institution Payments made to my institution
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_XNone	

4	Consulting fees	_XNone	
5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Nana	
6	Payment for expert testimony	_XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	_X_None	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

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

Date:	13	Mav	2021
oute.		IVIGV	2021

Your Name:	Hong van Heu

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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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.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	5 Payment or honoraria for lectures, presentations,	_XNone
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	_XNone

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

Hong Van Tieu 18 May 2021

Hyvantien

	40		2024
Date:	13	May	2021

Your Name:__Lindsey R Baden______

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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		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	None	
	manuscript (e.g., funding,	NIAID/NIH	Grant support
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated	NIAID/NIH, IAVI, Welcome	Grant support
	in item #1 above).	Trust, Gates	
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V None	
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
14	materials, drugs, medical	_ANOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

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

Date: May 20, 2021			
Your Name:Scott Hammer			
Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection			
against ex vivo HIV-1 challenge			
Manuscript number (if known): 146975-ICI-CMFD-1			

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

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony		
	,		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	_XNOTIE	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
14	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Date: 13 May 2021				
Your Name:	lan Frank			
Manuscript Title: Recta	and vaginal tissue from m	en and women infused intravenously with VRC01 show protection		
against ex vivo HIV-1 ch	allenge			
Manuscript number (if	known): 146975-JCI-CM	ED-1		

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Sanofi Pasteur, Janssen, Lilly, Moderna	Grants to the University of Pennsylvania
3	Royalties or licenses	None	
4	Consulting fees	Gilead	

-	D	A.	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
-	C		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	Gilead, ViiV	Advisory board participation
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
		the state of the s	
13	Other financial or non-	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:	10	May	2021

Your Name:__Christina Ochsenbauer_

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
	, , , , , , , , , , , , , , , , , , ,		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date: 13 May 2021

Your Name: Nicole Grunenberg, MD

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

Payment or honoraria for	_XNone	
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending meetings and/or travel	XNone	
Patents planned, issued or	XNone	
pending		
	XNone	
•	V N	
	xNone	
Stock or stock options	XNone	
Receipt of equipment,	XNone	
writing, gifts or other services		
Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonXNone

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

Date: 10 May 2021

Your Name: Julie Ledgerwood, D.O.

Manuscript Title: Rectal and Vaginal Biopsies from Men and Women Infused Intravenously with VRC01 Show Protection

against Ex Vivo HIV-1 Challenge

Manuscript number (if known): 146975-JCI-CMED-1

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		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	<u>✓</u> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>✓</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>✓</u> None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6		√ None	
6	Payment for expert testimony	<u></u>	
	testimony		
7	Support for attending	√ None	
	meetings and/or travel	<u></u>	
	,		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board	,	
10	Leadership or fiduciary role	_✓_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_✓_None	
	financial interests		

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

Date: 10 May 2021

Your Name: __Kenneth H. Mayer, MD_

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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		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 initia	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time for an area	26
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
	, , , , , , , , , , , , , , , , , , ,		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
- 11	group, paid or unpaid	A.	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:	10	May	2021
-------	----	-----	------

Your Name: __Georgia Tomaras _____

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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		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,	NIH/NIAID	Grant to institution
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	Macrogenics	Grant to institution, work not related to this manuscript
	any entity (if not indicated	GSK	Grant to institution, work not related to this manuscript
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	Johns Hopkins professorship review	Advisory

		Consulting company	Advisory
		Vaccine Research Center	Advisory
		Scientific Advisory Board	
		Gilead Research Scholars Program	Advisory
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	Invited speaker support	
,	meetings and/or travel	for travel	
	meetings and/or traver	national/international	
		meeting	
		0	
8	Patents planned, issued or	Patents for HIV	
	pending	immunogens and HIV	
		incidence testing	
9	Participation on a Data	None	
	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests		

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

Date:	13	May	2021

Your Name: ____Adrian B McDermott_

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		I	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
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	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
13	Other financial or non- financial interests	None	

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

Date: 10 May 2021

Your Name: M. Juliana McElrath

Manuscript Title: Rectal and vaginal tissue from men and women infused intravenously with VRC01 show protection

against ex vivo HIV-1 challenge

Manuscript number (if known): 146975-JCI-CMED-1

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.)	None US National Institutes of Health Bill & Melinda Gates Foundation	Payments made to my institution Payments made to my institution			
	No time limit for this item.					
	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Paul G. Allen Family Foundation	Payments made to my institution			
3	Royalties or licenses	_XNone				

4	Consulting fees	_XNone	
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	_XNone	
	educational events	V N	
6	Payment for expert testimony	_XNone	
7	Comment for attending	V Nove	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock Options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	_XNone	

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