| Date:Feb. 14 th , 2 | 2022 |
|--------------------------------|---|
| Your Name:Kyun | g Hoon Kim |
| Manuscript Title: | Clinical relevance of false-negative interferon-gamma release assays in patients with tuberculous |
| pleurisy in an interme | diate TB burden country |
| Manuscript number (i | f known): JTD-21-1723-R2 |

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.

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

| _ | | V N | |
|----|---|---------|-------------|
| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | C | V. Name | |
| 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 | X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 10 | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| | ease summarize the above co | | lowing box: |

| I have no conflicts of interest to declare. |
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| Date:Feb. 14 th , 2 | 022 |
|--------------------------------|---|
| Your Name: Nari | Jeong |
| Manuscript Title: | Clinical relevance of false-negative interferon-gamma release assays in patients with tuberculous |
| pleurisy in an interme | diate TB burden country |
| Manuscript number (i | f known): JTD-21-1723-R2 |

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) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| | | Time frame: Since the initial | planning of the work |
| | | | branning or and morn |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
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| 4 | Consulting fees | XNone | |

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|----|---|---------|-------------|
| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| - | C | V. Name | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or 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 | |
| | | | |
| 10 | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| | ease summarize the above co | | lowing box: |

| I have no conflicts of interest to declare. |
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| Date:Feb. 14 th , 2 | 022 |
|--------------------------------|---|
| Your Name: Jeong | g Uk Lim |
| Manuscript Title: | Clinical relevance of false-negative interferon-gamma release assays in patients with tuberculous |
| pleurisy in an interme | diate TB burden country |
| Manuscript number (in | f known): JTD-21-1723-R2 |

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) |
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| | | Time frame: Since the initial | planning of the work |
| | | | branning or and morn |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
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| 4 | Consulting fees | XNone | |

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| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | C | V. Name | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or 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 | |
| | | | |
| 10 | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| | ease summarize the above co | | lowing box: |

| I have no conflicts of interest to declare. |
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| Date:Feb. 14 th , 20 | 022 |
|---------------------------------|---|
| Your Name: Hwa \ | oung Lee |
| Manuscript Title: | Clinical relevance of false-negative interferon-gamma release assays in patients with tuberculous |
| pleurisy in an intermed | liate TB burden country |
| Manuscript number (if | known): JTD-21-1723-R2 |

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) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| | | Time frame: Since the initial | planning of the work |
| | | | branning or and morn |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
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| 4 | Consulting fees | XNone | |

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| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | C | V. Name | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or 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 | |
| | | | |
| 10 | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| | ease summarize the above co | | lowing box: |

| I have no conflicts of interest to declare. |
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| Date:Feb. 14 th , 2022 | |
|-----------------------------------|---|
| Your Name: Jongmin | Lee |
| Manuscript Title: Clin | ical relevance of false-negative interferon-gamma release assays in patients with tuberculous |
| pleurisy in an intermediate | TB burden country |
| Manuscript number (if kno | own): JTD-21-1723-R2 |

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) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|--|---|
| | | Time frame: Since the initial | planning of the work |
| | | | branning or and morn |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
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| | | | |
| 4 | Consulting fees | XNone | |

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| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | C | V. Name | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or 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 | |
| | | | |
| 10 | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| | ease summarize the above co | | lowing box: |

| I have no conflicts of interest to declare. |
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| Date:Feb. 14 th , 2 | 2022 |
|--------------------------------|---|
| Your Name: Hye- | Yeon Lee |
| Manuscript Title: | Clinical relevance of false-negative interferon-gamma release assays in patients with tuberculous |
| pleurisy in an interme | diate TB burden country |
| Manuscript number (i | f known): JTD-21-1723-R2 |

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) | 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 | |

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|----|---|---------|-------------|
| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| - | C | V. Name | |
| 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 | X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 10 | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| | ease summarize the above co | | lowing box: |

| I have no conflicts of interest to declare. |
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| Date:Feb. 14 th , 2022 |
|---|
| Your Name: Seok Chan Kim |
| Manuscript Title: Clinical relevance of false-negative interferon-gamma release assays in patients with tuberculous |
| pleurisy in an intermediate TB burden country |
| Manuscript number (if known): JTD-21-1723-R2 |

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) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|--|---|
| | | Time frame: Since the initial | planning of the work |
| | | | branning or and morn |
| 1 | All support for the present | XNone | |
| | 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 | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |

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|----|---|---------|--------------|
| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| - | Comment for a street | V. Name | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or 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, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| | ease summarize the above co | | llowing box: |

| I have no conflicts of interest to declare. | |
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| Date:Feb. 14 th , 2022 |
|---|
| Your Name: Ji Young Kang |
| Manuscript Title: Clinical relevance of false-negative interferon-gamma release assays in patients with tuberculous |
| pleurisy in an intermediate TB burden country |
| Manuscript number (if known): JTD-21-1723-R2 |

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

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|----|---|---------|--------------|
| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| - | Comment for a street | V. Name | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or 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, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| | ease summarize the above co | | llowing box: |

| I have no conflicts of interest to declare. | |
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