

ICMJE DISCLOSURE FORM

Date: June 12, 2022

Your Name: Jennifer Velloza

Manuscript Title: Alignment of PrEP adherence with periods of HIV risk among adolescent girls and young women in the HPTN 082 study in South Africa and Zimbabwe

Manuscript number (if known): thelancethiv-D-21-00494

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 **current manuscript only**.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 NIH	Funding for research 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	__X__None	
4	Consulting fees	__X__None	

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

ICMJE DISCLOSURE FORM

Date: 5/18/2022

Your Name: Deborah Donnell

Manuscript Title: Alignment of PrEP adherence with periods of HIV risk among adolescent girls and young women in the HPTN 082 study in South Africa and Zimbabwe

Manuscript number (if known): thelancethiv-D-21-00494

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___ None	
		NIH	Payment to insitution
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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 05/12/2022

Your Name: Sybil Hosek

Manuscript Title: Alignment of PrEP adherence with periods of HIV risk among adolescent girls and young women in the HPTN 082 study in South Africa and Zimbabwe

Manuscript number (if known): thelancethiv-D-21-00494

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
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13	Other financial or non-financial interests	<u> </u> None	

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

ICMJE DISCLOSURE FORM

Date: 20 May 2022

Your Name: Peter L Anderson

Manuscript Title: Alignment of PrEP adherence with periods of HIV risk among adolescent girls and young women in the HPTN 082 study in South Africa and Zimbabwe

Manuscript number (if known): thelancethiv-D-21-00494

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

		ViiV	Paid to me
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	

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

ICMJE DISCLOSURE FORM

Date: 12 May 2022

Your Name: Zvavahera Michael Chirenje

Manuscript Title: Alignment of PrEP adherence with periods of HIV risk among adolescent girls and young women in the HPTN 082 study in South Africa and Zimbabwe

Manuscript number (if known): thelancethiv-D-21-00494

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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,	___ None	

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

Please place an "X" next to the following statement to indicate your agreement:

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

Elizabeth

ICMJE DISCLOSURE FORM

Date: 11 MAY 2022

Your Name: Nyaradzo M Mgodzi

Manuscript Title: Alignment of PrEP adherence with periods of HIV risk among adolescent girls and young women in the HPTN 082 study in South Africa and Zimbabwe

Manuscript number (if known): thelancethiv-D-21-00494

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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	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 27 May 2022

Your Name: LINDA-GAIL BEKKER

Manuscript Title: Alignment of PrEP adherence with periods of HIV risk among adolescent girls and young women in the HPTN 082 study in South Africa and Zimbabwe

Manuscript number (if known): thelancethiv-D-21-00494

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

Date: 5/11/2022

Your Name: Mark Marzinke

Manuscript Title: Alignment of PrEP adherence with periods of HIV risk among adolescent girls and young women in the HPTN 082 study in South Africa and Zimbabwe

Manuscript Number (if known): thelancethiv-D-21-00494

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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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIH</td> <td style="width: 50%;">Grant; payments made to my institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIH	Grant; payments made to my institution			Click the tab key to add additional rows.		
NIH	Grant; payments made to my institution								
Click the tab key to add additional rows.									
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">ViiV Healthcare</td> <td style="width: 50%;">Grant; payments made to my institution</td> </tr> <tr> <td>Gilead</td> <td>Grant; payments made to my institution</td> </tr> <tr> <td>Merck</td> <td>Industry Contract; payments made to my institution</td> </tr> </table>	ViiV Healthcare	Grant; payments made to my institution	Gilead	Grant; payments made to my institution	Merck	Industry Contract; payments made to my institution	
ViiV Healthcare	Grant; payments made to my institution								
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Merck	Industry Contract; payments made to my institution								

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input type="checkbox"/> None	
		Elsevier	Royalties associated with Contemporary Practices for Clinical Chemistry, 4 th Ed
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		American Association for Clinical Chemistry	Honoraria for lectures
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		American Association for Clinical Chemistry	Travel support to meeting
		Mass Spectrometry Applications to the Clinical Laboratory	Travel support to meeting
		University of Utah	Travel support for lecture
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None	
		American Association for Clinical Chemistry	Board of Directors

		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)						
	society, committee or advocacy group, paid or unpaid	<table border="1"> <tr> <td>Commission on Accreditation in Clinical Chemistry</td> <td>Commissioner</td> </tr> <tr> <td>American Board for Clinical Chemistry</td> <td>Board of Directors</td> </tr> </table>	Commission on Accreditation in Clinical Chemistry	Commissioner	American Board for Clinical Chemistry	Board of Directors			
Commission on Accreditation in Clinical Chemistry	Commissioner								
American Board for Clinical Chemistry	Board of Directors								
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 17 MAY 2022

Your Name: Sinead Delany-Moretlwe

Manuscript Title: Alignment of PrEP adherence with periods of HIV risk among adolescent girls and young women in the HPTN 082 study in South Africa and Zimbabwe

Manuscript number (if known): thelancethiv-D-21-00494

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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ICMJE DISCLOSURE FORM

Date: May 19, 2022

Your Name: Connie Celum

Manuscript Title: Alignment of PrEP adherence with periods of HIV risk among adolescent girls and young women in the HPTN 082 study in South Africa and Zimbabwe

Manuscript number (if known): thelancethiv-D-21-00494

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		NIH	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	Grants to my institution
		NIH	
		BMGF	
		USAID	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	Payments to me
		Merck scientific advisor	

		Gilead scientific advisor	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None Gilead	Payment to me
7	Support for attending meetings and/or travel	<input type="checkbox"/> None Gilead	Payment to me
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None HPTN LSHTM	Participation in DSMB and advisory boards; no payments
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None Gilead study drugs	Donated for research studies
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.