

ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Michael Peluso

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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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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.

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Date: 8/12/2022

Your Name: Tyler-Marie Deveau

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

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Date: 8/12/2022

Your Name: Sadie Munter

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Date: 8/12/2022

Your Name: Dylan Ryder

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

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Date: 8/12/2022

Your Name: Amanda Buck

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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: 8/12/2022

Your Name: Gabriele Beck-Engeser

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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The author's relationships/activities/interests should be defined broadly. 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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		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Fay Chan

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Scott Lu

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Sarah A. Goldberg

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Rebecca Hoh

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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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: 8/12/2022

Your Name: Viva Tai

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Leo Torres

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Nikita S. Iyer

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Monika Deswal

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Lynn Ngo

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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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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: 8/12/2022

Your Name: Melissa Buitrago

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Antonio Rodriguez

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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Your Name: Jessica Chen

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Date: 8/12/2022

Your Name: Brandon Yee

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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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)
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: 8/12/2022

Your Name: Ahmed Chenna

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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 author's relationships/activities/interests should be defined broadly. 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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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: 8/12/2022

Your Name: John Winslow

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Christos Petropoulos

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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Labcorp-Monogram Biosciences	Officer (Vice President)														
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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: 60%;">HHS/BARDA 75A50121P00003 (Study PI)</td> <td>Awarded to Monogram Biosciences</td> </tr> <tr> <td>CDC 75D301-20-R-67940 (Co-investigator)</td> <td>Awarded to Labcorp</td> </tr> <tr> <td>CDC 75D301-20-R-68127 (Co-investigator)</td> <td>Awarded to Labcorp</td> </tr> <tr> <td>CDC 75D301-21-R-71762 (Co-investigator)</td> <td>Awarded to Labcorp</td> </tr> <tr> <td>CDC RFQ:75D301-25-Q-73024 (Co-investigator)</td> <td>Awarded to Labcorp</td> </tr> <tr> <td>HHS/BARDA 75A50121R00033 (Study PI)</td> <td>Awarded to Monogram Biosciences</td> </tr> </table>	HHS/BARDA 75A50121P00003 (Study PI)	Awarded to Monogram Biosciences	CDC 75D301-20-R-67940 (Co-investigator)	Awarded to Labcorp	CDC 75D301-20-R-68127 (Co-investigator)	Awarded to Labcorp	CDC 75D301-21-R-71762 (Co-investigator)	Awarded to Labcorp	CDC RFQ:75D301-25-Q-73024 (Co-investigator)	Awarded to Labcorp	HHS/BARDA 75A50121R00033 (Study PI)	Awarded to Monogram Biosciences	
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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 type="checkbox"/> None	
		18 USPTO issued patents	No patents related to this manuscript
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 checked="" type="checkbox"/> None	

		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		
11	Stock or stock options	<input type="checkbox"/> None	
		Laboratory Corporation of America Holdings (LH)	Shareholder
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: 8/12/2022

Your Name: Amelia Deitchman

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Joanna Hellmuth

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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 author's relationships/activities/interests should be defined broadly. 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.

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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div>						
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%; margin-top: 5px;"> <tr> <td style="width: 60%;">Alzheimer's Association</td> <td style="width: 40%;"><i>COVID-associated cognitive changes, mood, and cerebrospinal fluid profiles in older adults</i></td> </tr> <tr> <td>Weill Award for Clinical Neuroscience Research</td> <td><i>Unraveling the biological signature of the cognitive post-acute sequelae of SARS-CoV-2 infection</i></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Alzheimer's Association	<i>COVID-associated cognitive changes, mood, and cerebrospinal fluid profiles in older adults</i>	Weill Award for Clinical Neuroscience Research	<i>Unraveling the biological signature of the cognitive post-acute sequelae of SARS-CoV-2 infection</i>		
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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 type="checkbox"/> None	
		Expert Witness for McAngus Goudelock & Courie law firm	unrelated legal case
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,	<input checked="" type="checkbox"/> None	

		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	<input type="text"/>	<input type="text"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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: 10/10/2022

Your Name: Matthew Spinelli

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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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)
4	Consulting fees	<input type="checkbox"/> None	
		Member of the clinical management committee for HIV Prevention Trials Network 083	Paid to me from Family Health International 360
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Johns Hopkins eHIV/DKBmed HIV CME Review	Paid to me
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	

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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:

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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Matthew Durstenfeld

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Priscilla Hsue

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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4	Consulting fees	<input type="checkbox"/> None	
		Shionogi	Honoraria paid to myself for one time advisory board meeting
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	
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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: J. Daniel Kelly

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Jeffrey N. Martin

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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: 8/12/2022

Your Name: Steven Deeks

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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 author's relationships/activities/interests should be defined broadly. 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.

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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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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 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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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	
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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Peter W. Hunt

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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		Merck	To me
		Viiv	To me
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		Gilead	To me
		Viiv	To me
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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: Timothy J. Henrich

Manuscript Title: Impact of Pre-Existing Chronic Viral Infection and Reactivation on the Development of Long COVID

Manuscript Number (if known): 163669-JCI-CMED-RV-2

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		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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