



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Catia	2. Surname (Last Name) Perciani	3. Date 20-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kelly S. MacDonald
5. Manuscript Title Live-attenuated Varicella-zoster virus vaccine does not induce HIV target cell activation		
6. Manuscript Identifying Number (if you know it) 124473-JCI-RG-RV-2		

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 6. Disclosure Statement

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Generate Disclosure Statement

Dr. Perciani has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bashir	2. Surname (Last Name) Farah	3. Date 14-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Live-attenuated Varicella-zoster virus vaccine does not induce HIV target cell activation		
6. Manuscript Identifying Number (if you know it) 124473-JCI-RG-RV-2		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rupert 2. Surname (Last Name) KAUL 3. Date 13-November-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Catia PERCIANI

5. Manuscript Title
Live-attenuated Varicella-zoster virus 1 vaccine does not induce HIV-target cell activation

6. Manuscript Identifying Number (if you know it)
124473-JCI-RG-RV-2

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Are there any relevant conflicts of interest? Yes No

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

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Canadian Institutes of Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peer reviewed federal funding	X
						ADD

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Dr. KAUL reports grants from Canadian Institutes of Health Research, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Mario
2. Surname (Last Name)
Ostrowski
3. Date
13-November-2018
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Catia Perciani
5. Manuscript Title
Live-attenuated Varicella-zoster virus vaccine does not induce HIV target cell activation
6. Manuscript Identifying Number (if you know it)
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Dr. Ostrowski has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Salaheddin

2. Surname (Last Name)
Mahmud

3. Date
20-November-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr. Kelly S. MacDonald

5. Manuscript Title
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrelated study	×
GlaxoSmithKline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrelated study	×
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrelated study	×
Roche-Assurex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrelated study	×
Sanofi Pasteur	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrelated study	×
Sanofi Pasteur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fees as an advisory board member	×

ADD



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Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Mahmud reports grants from Merck, grants from GlaxoSmithKline, grants from Pfizer, grants from Roche-Assurex, grants from Sanofi Pasteur, personal fees from Sanofi Pasteur, outside the submitted work; .

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Omu

2. Surname (Last Name)

Anzala

3. Date

20-November-2018

4. Are you the corresponding author?

 Yes

 No

Corresponding Author's Name

Kelly MacDonald

5. Manuscript Title

Live-attenuated Varicella-zoster virus vaccine does not induce HIV target cell activation

6. Manuscript Identifying Number (if you know it)

124473-JCI-RG-RV-2

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest?

 Yes

 No

ADD

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 Yes

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ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

 Yes

 No

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Dr. Anzala has nothing to disclose.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Walter	2. Surname (Last Name) Jaoko	3. Date 19-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kelly S. MacDonald
5. Manuscript Title Live-attenuated Varicella-zoster virus vaccine does not induce HIV target cell activation		
6. Manuscript Identifying Number (if you know it) 124473-JCI-RG-RV-2		

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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

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1. Given Name (First Name)

Kelly

2. Surname (Last Name)

MacDonald

3. Date

20-November-2018

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Yes No

5. Manuscript Title

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