

ICMJE DISCLOSURE FORM

Date: 3/27/2023

Your Name: Yan Zhang

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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.

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Time frame: past 36 months								
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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: 23/03/2023

Your Name: Ada W C Yan

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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	x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
13	Other financial or non-financial interests	x 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.
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ICMJE DISCLOSURE FORM

Date: 27/03/2023

Your Name: Lies Boelen

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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: 3/27/2023

Your Name: Linda Hadcocks

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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ICMJE DISCLOSURE FORM

Date: 3/30/2023

Your Name: Arafa Salam

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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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: 3/27/2023

Your Name: Daniel Padrosa Gispert

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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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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: 3/29/2023

Your Name: Loiza Spanos

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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: C27/03/2023

Your Name: Laura Mora-Bitria

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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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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11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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ICMJE DISCLOSURE FORM

Date: 3/27/2023

Your Name: Neda Nemat-Gorgani

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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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: 3/27/2023

Your Name: James Traherne

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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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Time frame: past 36 months								
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

		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 checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		University of Cambridge	Payments made 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 type="checkbox"/> None	
		European Federation of Immunogenetics	Unpaid

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13	Other financial or non-financial interests	<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: 3/27/2023

Your Name: Chrissy h Roberts

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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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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: 10px;"> <tr> <td style="width: 60%;"><i>Rapid Anthropological Assessments of COVID-19 Impacts on Trust & Behaviours in Communities of the UK & Sierra Leone</i></td> <td>World Health Organization (Geneva, CH) GRANT_NUMBER: CERC.0039B</td> </tr> <tr> <td>Transmission of SARS-CoV-2 in North London Jewish Communities</td> <td>Research Councils UK (London, UK, GB)</td> </tr> <tr> <td>Covid Surveillance Intensification in Ghana Network edit</td> <td>European Commission (Brussels, BE) GRANT_NUMBER: RIA2020EF-2983</td> </tr> </table>	<i>Rapid Anthropological Assessments of COVID-19 Impacts on Trust & Behaviours in Communities of the UK & Sierra Leone</i>	World Health Organization (Geneva, CH) GRANT_NUMBER: CERC.0039B	Transmission of SARS-CoV-2 in North London Jewish Communities	Research Councils UK (London, UK, GB)	Covid Surveillance Intensification in Ghana Network edit	European Commission (Brussels, BE) GRANT_NUMBER: RIA2020EF-2983
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		Evaluation of a heterologous, two-dose preventive Ebola vaccine for effectiveness and safety in the Democratic Republic of the Congo	CEPI (London, GB)						
		Marker Of Severity Diagnostics for the Evaluation of Fever (Mos-Def)	Marker Of Severity Diagnostics for the Evaluation of Fever (Mos-Def)						
		Electronic Data Capture to support rapid epidemiological research and response during epidemics	National Institute for Health & Social Care Research (London, GB) GRANT_NUMBER: PR-OD-1017-20001						
		FIEBRE: Febrile Illness Etiology in a Broad Range of Endemicity edit	Foreign, Commonwealth & Development Office, UK						
3	Royalties or licenses	<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>							
4	Consulting fees	<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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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: 4/4/2023

Your Name: Danai Koftori

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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ICMJE DISCLOSURE FORM

Date: 3/27/2023

Your Name: Graham P Taylor

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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ICMJE DISCLOSURE FORM

Date: 4/4/2023

Your Name: Daniel Forton

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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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: 3/27/2023

Your Name: Paul Norman

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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: 3/1/2023

Your Name: Professor Steven GE Marsh

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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: 3/27/2023

Your Name: Robert Busch

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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ICMJE DISCLOSURE FORM

Date: 3/27/2023

Your Name: Derek Macallan

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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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 <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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>							

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: 3/27/2023

Your Name: Becca Asquith

Manuscript Title: KIR-HLA interactions extend human CD8+ T cell lifespan in vivo

Manuscript Number (if known): 169496-JCI-RG-RV-2 r

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 type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Wellcome Trust</td> <td>103865Z/14/Z. Payments to institution</td> </tr> <tr> <td>Medical Research Council</td> <td>J007439. Payments to institution</td> </tr> <tr> <td>Medical Research Council</td> <td>G1001052. Payments to institution <small>click the tab key to add additional rows.</small></td> </tr> <tr> <td>European Union Seventh Framework Programme (FP7/2007–2013)</td> <td>317040. Payments to institution</td> </tr> <tr> <td>European Union H2020 programme</td> <td>764698. Payments to institution</td> </tr> <tr> <td>Leukemia and Lymphoma Research</td> <td>15012. Payments to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Wellcome Trust	103865Z/14/Z. Payments to institution	Medical Research Council	J007439. Payments to institution	Medical Research Council	G1001052. Payments to institution <small>click the tab key to add additional rows.</small>	European Union Seventh Framework Programme (FP7/2007–2013)	317040. Payments to institution	European Union H2020 programme	764698. Payments to institution	Leukemia and Lymphoma Research	15012. Payments to institution			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None all indicated in #1 above <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>															
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>															

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7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		British Society of Immunology, Edinburgh 2021	Invited speaker at academic conference, expenses paid by organisers
		Nir Friedman Memorial, Israel, 2022	Invited speaker at academic conference, expenses paid by organisers
		BSHI, Birmingham 2022	Invited speaker at academic conference, expenses paid by organisers
		Symposium Utrecht, Netherlands, 2022	Invited speaker at academic conference, expenses paid by organisers
		EFI, Nantes, 2023	Invited speaker at academic conference, expenses paid by organisers
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	<input type="checkbox"/> None	
		Committee member BSI Mathematical Modelling affinity group	unpaid

		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)
	advocacy group, paid or unpaid		
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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