

ICMJE DISCLOSURE FORM

Date: July 1, 2024

Your Name: John S. Tsang

Manuscript Title: Teplizumab induces persistent changes in the antigen-specific repertoire in individuals at-risk for type 1 diabetes

Manuscript Number (if known): 177492-JCI-RG-RO-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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☒ 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: July 1, 2024

Your Name: Andrew Martins

Manuscript Title: Teplizumab induces persistent changes in the antigen-specific repertoire in individuals at-risk for type 1 diabetes

Manuscript Number (if known): 177492-JCI-RG-RO-2

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Date: July 1, 2024

Your Name: Galina Koroleva

Manuscript Title: Teplizumab induces persistent changes in the antigen-specific repertoire in individuals at-risk for type 1 diabetes

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Date: July 1, 2024

Your Name: Can Liu

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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: July 1, 2024

Your Name: S Alice Long

Manuscript Title: Teplizumab induces persistent changes in the antigen-specific repertoire in individuals at-risk for type 1 diabetes

Manuscript Number (if known): 177492-JCI-RG-RO-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.

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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: July 1, 2024

Your Name: Peter S. Linsley

Manuscript Title: Teplizumab induces persistent changes in the antigen-specific repertoire in individuals at-risk for type 1 diabetes

Manuscript Number (if known): 177492-JCI-RG-RO-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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ICMJE DISCLOSURE FORM

Date: July 1, 2024

Your Name: Pamela Clark

Manuscript Title: Teplizumab induces persistent changes in the antigen-specific repertoire in individuals at-risk for type 1 diabetes

Manuscript Number (if known): 177492-JCI-RG-RO-2

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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: July 1, 2024

Your Name: Sophia Currie

Manuscript Title: Teplizumab induces persistent changes in the antigen-specific repertoire in individuals at-risk for type 1 diabetes

Manuscript Number (if known): 177492-JCI-RG-RO-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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☒ 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: July 1, 2024

Your Name: Paula Preston-Hurlburt

Manuscript Title: Teplizumab induces persistent changes in the antigen-specific repertoire in individuals at-risk for type 1 diabetes

Manuscript Number (if known): 177492-JCI-RG-RO-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: July 1, 2024

Your Name: Ana Lledo Delgado

Manuscript Title: Teplizumab induces persistent changes in the antigen-specific repertoire in individuals at-risk for type 1 diabetes

Manuscript Number (if known): 177492-JCI-RG-RO-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: July 1, 2024

Your Name: Kevan C. Herold, MD

Manuscript Title: Teplizumab induces persistent changes in the antigen-specific repertoire in individuals at-risk for type 1 diabetes

Manuscript Number (if known): 177492-JCI-RG-RO-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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1"> <tr> <td>National Institutes of Health</td> <td>To institution</td> </tr> <tr> <td>Juvenile Diabetes Research Foundation</td> <td>To institution</td> </tr> <tr> <td></td> <td></td> </tr> </table> | National Institutes of Health | To institution | Juvenile Diabetes Research Foundation | To institution | | |
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| 3 | Royalties or licenses | <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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| 4 | Consulting fees | <input type="checkbox"/> None <table border="1"> <tr> <td>Consulting fees (Sanofi)</td> <td>To me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Consulting fees (Sanofi) | To me | | | | | | |
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| 6 | Payment for expert testimony | <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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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None <table border="1"> <tr> <td>To ISPAD 2023 (Sanofi)</td> <td>To me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | To ISPAD 2023 (Sanofi) | To me | | | | | | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None <table border="1"> <tr> <td>Named as a co—inventor on patent: US 2022/0041720 AI but no royalties</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Named as a co—inventor on patent: US 2022/0041720 AI but no royalties | N/A | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <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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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None <table border="1"> <tr> <td>NexImmune</td> <td>Sci Adv Board (to me)</td> </tr> <tr> <td>Sonoma Biotech</td> <td>Sci Adv Board (to me)</td> </tr> <tr> <td></td> <td></td> </tr> </table> | | NexImmune | Sci Adv Board (to me) | Sonoma Biotech | Sci Adv Board (to me) | | | | |
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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="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | | | | | | | |
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| 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="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | | | | | | | |
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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="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | | | | | | | |
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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.