

ICMJE DISCLOSURE FORM

Date: 2/29/2024

Your Name: Dr Hannah Schiff

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-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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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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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>							
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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: 3/3/2024

Your Name: Naomi Frances Walker

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-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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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 type="checkbox"/> None Liverpool School of Tropical Medicine	Funds paid to me to cover travel to meetings
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 Academic committee chair, 2 nd International Post-TB symposium	Unpaid, Voluntary role

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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>							
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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: 2/29/2024

Your Name: Cesar Ugarte-Gil

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-2

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Date: 2/29/2024

Your Name: Marc Tebruegge

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-2

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		Cellestis/Qiagen	Receipt of lab materials at reduced pricing or free of charge for unrelated studies.
		Cepheid	Receipt of lab materials free of charge for unrelated study.
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 3/4/2024

Your Name: Andres Felipe Vallejo Pulido

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-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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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: 3/4/2024

Your Name: Spiros Garbis

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-2

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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		Proteas Bioanalytics Inc	Founder, CEO & CTO

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ICMJE DISCLOSURE FORM

Date: 2/29/2024

Your Name: Salah Mansour

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-2

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Date: 2/29/2024

Your Name: Pak Ho Wong (Michael Wong)

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-2

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ICMJE DISCLOSURE FORM

Date: 3/1/2024

Your Name: Paolo Piazza

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-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: 3/1/2024

Your Name: Gabrielle Rockett

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-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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ICMJE DISCLOSURE FORM

Date: 2/29/2024

Your Name: Mahesan Niranjana

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-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: 3/4/2024

Your Name: Andres Felipe Vallejo Pulido

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-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: 4/5/2024

Your Name: Christopher Woelk

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-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: 3/1/2024

Your Name: WILKINSON Robert J

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-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: 3/1/2024

Your Name: Liku Bekele Tezera

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers.

Manuscript Number (if known): 173273-INS-CMED-TR-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: 3/1/2024

Your Name: Diana J Garay-Baquero

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-2

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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	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		PE, HS and DG are listed as co-inventors on a patent "Biomarker and Uses thereof" which lists some of the markers identified within this manuscript as potential new diagnostic markers for tuberculosis	
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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ICMJE DISCLOSURE FORM

Date: 3/4/2024

Your Name: Paul Elkington

Manuscript Title: Integrated plasma proteomics identifies tuberculosis-specific diagnostic biomarkers

Manuscript Number (if known): 173273-INS-CMED-TR-2

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7	Support for attending meetings and/or travel	<input 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>									
8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>UK Patent application 2306925.5</td> <td>PE, HS and DG are listed as co-inventors on a patent "Biomarker and Uses thereof" which lists some of the markers identified within this manuscript as potential new diagnostic markers for tuberculosis</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	UK Patent application 2306925.5	PE, HS and DG are listed as co-inventors on a patent "Biomarker and Uses thereof" which lists some of the markers identified within this manuscript as potential new diagnostic markers for tuberculosis							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input 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>									
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></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)
11	Stock or stock options	<input type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<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 type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<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.