Date:		,	1/6/2023		
You	r Name:	,	Florian A. Bach		
Manuscript Title:		,	A systematic analysis of the human immune response to Plasmodium vivax		
Mar	nuscript Number (if kı	nown):	152463-JCI-CMED-RV-3		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the mar e in doubt is/activitie insion, you entioned i all suppor	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa- in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship 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	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		me Trust	PhD funding  Click the tab key to add additional rows.	
	No time limit for this item.				
			Time frame: past 36 month	S	
2		[⊠] <b>N</b> c	Time frame: past 36 month	s	

		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	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

			e all entities with whom you have this onship 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		None	made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:	1/6/2023
Your Name:	Diana M. Sandoval
Manuscript Title:	A systematic analysis of the human immune response to Plasmodium vivax
Manuscript Number (if known):	152463-JCI-CMED-RV-3

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			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.		None  Time frame, part 26 month	Click the tab key to add additional rows.
		[—]	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
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11	Stock or stock options		None	made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:	1/6/2023
Your Name:	Michalina Mazurczyk
Manuscript Title:	A systematic analysis of the human immune response to Plasmodium vivax
Manuscript Number (if known):	152463-JCI-CMED-RV-3

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3	Royalties or licenses	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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Date:	1/6/2023
Your Name:	Yrene Themistocleous
Manuscript Title:	A systematic analysis of the human immune response to Plasmodium vivax
Manuscript Number (if known):	152463-JCI-CMED-RV-3

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		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	□ None  I am a contributor to intellectual property licenced by Oxford University Innovation to AstraZeneca.	Licence relates to the Oxford-AstraZeneca vaccine against SARS-CoV-2.

		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	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	·	e following statement to indicate your agreeme	

Date:	1/6/2023
Your Name:	Thomas A. Rawlinson
Manuscript Title:	A systematic analysis of the human immune response to Plasmodium vivax
Manuscript Number (if known):	152463-JCI-CMED-RV-3

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			Time frame: Since the init	tial planning	of the work	
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			Time frame: pa	st 36 month	s	
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3	Royalties or licenses	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)
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6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		e all entities with whom you have this onship 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	None	made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	·	e following statement to indicate your agreeme	

Date	e:		1/6/2023			
You	r Name:		Adam C. Harding			
Mar	nuscript Title:		A systematic analysis of the human immune response to Plasmodium vivax			
Manuscript Number (if known):			152463-JCI-CMED-RV-3			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub!  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned			rt for the work reported in this manuscript without time limit. For all other items, the time			
			l entities with whom you have this ship 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		
	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.		me Trust	PhD funding  Click the tab key to add additional rows.		
			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	[\times] No	one			
3	Royalties or licenses	⊠ Ne	one			

		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	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
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		e all entities with whom you have this onship 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	None	made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	·	e following statement to indicate your agreeme	

Date:	1/6/2023
Your Name:	Alison Kemp
Manuscript Title:	A systematic analysis of the human immune response to Plasmodium vivax
Manuscript Number (if known):	152463-JCI-CMED-RV-3

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			ies with whom you have this indicate none (add rows as n	eeded)	Specifications/Comments (e.g., if payments were made to you or to your institution)	9
			Time frame: Since the initial p	lanning	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.	None			Click the tab key to add additional rows.	
			Time frame: past 3	6 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		e all entities with whom you have this onship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	e following statement to indicate your agreeme	

Date:	1/6/2023
Your Name:	Sarah Silk
Manuscript Title:	A systematic analysis of the human immune response to Plasmodium vivax
Manuscript Number (if known):	152463-JCI-CMED-RV-3

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
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13	Other financial or non-financial interests	None	
Plea 🖂	-	e following statement to indicate your agreeme	

Date:	1/6/2023
Your Name:	Jordan R. Barrett
Manuscript Title:	A systematic analysis of the human immune response to Plasmodium vivax
Manuscript Number (if known):	152463-JCI-CMED-RV-3

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
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13	Other financial or non-financial interests	None	
Plea	·	e following statement to indicate your agreeme	

Date:	1/6/2023
Your Name:	Nick J. Edwards
Manuscript Title:	A systematic analysis of the human immune response to Plasmodium vivax
Manuscript Number (if known):	152463-JCI-CMED-RV-3

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8	Patents planned, issued or pending	[⊠] None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
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Plea	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.			

Date:	1/6/2023
Your Name:	Al Ivens
Manuscript Title:	A systematic analysis of the human immune response to Plasmodium vivax
Manuscript Number (if known):	152463-JCI-CMED-RV-3

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3	Royalties or licenses	None		

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8	Patents planned, issued or pending	[⊠] None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date:		;	1/6/2023		
Your Name:			Julian C. Rayner		
Manuscript Title:			A systematic analysis of the human immune response to Plasmodium vivax		
Mar	nuscript Number (if k	(nown):	152463-JCI-CMED-RV-3		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer about whether to list a relationship/activity/es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
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			Time frame: past 36 month:	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	⊠ No	one		

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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

Date:	1/6/2023
Your Name:	Angela M. Minassian
Manuscript Title:	A systematic analysis of the human immune response to Plasmodium vivax
Manuscript Number (if known):	152463-JCI-CMED-RV-3

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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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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11	Stock or stock options		None	made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	1/6/2023
Your Name:	Giorgio Napolitani
Manuscript Title:	A systematic analysis of the human immune response to Plasmodium vivax
Manuscript Number (if known):	152463-JCI-CMED-RV-3

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		e all entities with w onship or indicate r	hom you have this none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frar	ne: Since the initial planning	of the work
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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11	Stock or stock options		None	made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:			1/6/2023		
Your Name:			Simon J. Draper		
Manuscript Title:			A systematic analysis of the human immune response to Plasmodium vivax		
Mar	nuscript Number (if k	nown):	152463-JCI-CMED-RV-3		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship 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	
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4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)		
11	Stock or stock options	[⊠] None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	[⊠] None			
Plea	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.				

Date:			1/6/2023		
You	r Name:		Philip J. Spence		
Manuscript Title:			A systematic analysis of the human immune response to Plasmodium vivax		
Mar	nuscript Number (if k	nown):	152463-JCI-CMED-RV-3		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship 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	
	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.		me Trust and Royal Society	Grant funding (SIR HENRY DALE FELLOWSHIP)  Click the tab key to add additional rows.	
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2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	⊠ Ne	one		

		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)
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