

ICMJE DISCLOSURE FORM

Date: 30.09.2021
 Your Name: Isabelle Suarez
 Manuscript Title: Tuberkulose
 Manuscript number (if known): _____

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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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6	Payment for expert testimony	☐ None	ViiV Advisory Board
7	Support for attending meetings and/or travel	☒ X ☐ None	
8	Patents planned, issued or pending	☐ X ☐ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ X ☐ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ X ☐ None	
11	Stock or stock options	☐ X ☐ None	
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