

ICMJE DISCLOSURE FORM

Date: January 10, 2022.

Your Name: Tiago Degani Veit

Manuscript Title: Exosomes for HIV treatment: some advances and perspectives

Manuscript number (if known): ExRNA-21-32

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.

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="text"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity(if not indicated in item #1 above).	<input type="text"/> None	
3	Royalties or licenses	<input type="text"/> None	
4	Consulting fees	<input type="text"/> None	

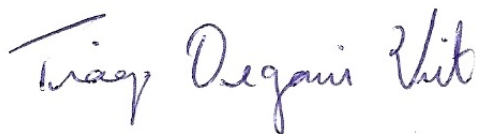
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety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

Please summarize the above conflict of interest in the following box:

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.

A handwritten signature in blue ink, reading "Tiago Degani Veit". The signature is written in a cursive style with a large initial 'T' and a stylized 'V' at the end.

Prof. Dr. Tiago Degani Veit

ICMJE DISCLOSURE FORM

Date: January 10, 2022.

Your Name: Joel Henrique Ellwanger

Manuscript Title: Exosomes for HIV treatment: some advances and perspectives

Manuscript number (if known): ExRNA-21-32

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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.	<div>___ None</div> <div>Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES; a Brazilian research funding agency).</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>Joel Henrique Ellwanger receives a postdoctoral fellowship from Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Programa Nacional de Pós-Doutorado – PNPd/CAPES, Brazil).</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div>__X__ None</div> <div></div> <div></div>	
3	Royalties or licenses	<div>__X__ None</div>	

4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Joel Henrique Ellwanger receives a postdoctoral fellowship from Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Programa Nacional de Pós-Doutorado – PNPd/CAPES, Brazil).

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.

A handwritten signature in black ink, reading "Joel H. Ellwanger". The signature is written in a cursive style with a large initial 'J'.

Dr. Joel Henrique Ellwanger

ICMJE DISCLOSURE FORM

Date: January 19, 2022

Your Name: JOSE ARTUR BOGO CHIES

Manuscript Title: EXOSOMES FOR HIV TREATMENT: SOME ADVANCES AND PERSPECTIVES

Manuscript number (if known): EXRNA-21-32

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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.	<u>None</u> <u>CONSELHO NACIONAL DE DESENVOLVIMENTO CIENTIFICO E TECNOLÓGICO (CNPq)</u>	<u>J.A.B.C. receives a senior fellowship from CNPq.</u>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> 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 checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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.

Jose Artur Bogochies
Jose Artur Bogochies