ICMJE DISCLOSURE FORM

Date: 1/7/2026

Your Name: Paul Ogongo, PhD, MSc

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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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<table>
<tr><th colspan="2"></th><th>Name all entities with whom you have this relationship or indicate none (add rows as needed)</th><th>Specifications/Comments (e.g., if payments were made to you or to your institution)</th></tr>
<tr><td colspan="4">Time frame: Since the initial planning of the work</td></tr>
<tr><td>1</td><td>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.</td><td colspan="2">☐ None
<table><tr><td>National Institutes of Health grant R01 AI 173002</td><td>Grant to UCSF</td></tr><tr><td>National Institutes of Health grants: P30 AI027763, P30 AI168440, R25 AI147375</td><td>Grants to UCSF</td></tr><tr><td>Helen Hay Whitney Foundation</td><td>Postdoctoral Fellowship</td></tr></table></td></tr>
<tr><td colspan="4">Time frame: past 36 months</td></tr>
<tr><td>2</td><td>Grants or contracts from any entity (if not indicated in item #1 above).</td><td colspan="2">☒ None
<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td></tr>
<tr><td>3</td><td>Royalties or licenses</td><td colspan="2">☒ None
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		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**	
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**	
		Bill and Melinda Gates Foundation	CTVD annual meetings organized by the Gates Foundation
		National Institutes of Health grant R01 AI 173002	Grants to UCSF
		National Institutes of Health grant U19 AI111211	Subaward to UCSF from Emory University
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**	

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: 1/8/2026

Your Name: Liya Wassie

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-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**	
		National Institutes of Health (NIH)	TBRU Grant to Emory University. AHRI, where Liya Wassie is affiliated, provided study materials, particularly specimens required for the study. Liya Wassie also contributed to the writing, reviewing and editing of the MS.
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **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**	
		National Institutes of Health (NIH)	Liya Wassie received some funding support for attending meetings and/or travel
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**	
		AHRI, where Liya Wassie is affiliated, received equipment and materials needed to conduct the study, particularly for participant recruitment/enrollment and sample collection and processing	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 1/8/2026

Your Name: Anthony Tran

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/8/2026

Your Name: Devin Columbus

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-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**	

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ICMJE DISCLOSURE FORM

Date: Jan 7 2026

Your Name: Julia Huffaker

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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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**	
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ICMJE DISCLOSURE FORM

Date: 1/7/2026

Your Name: Lisa Sharling

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/9/2026

Your Name: Gregory Sadat Ouma

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/7/2026

Your Name: Samuel Gurrion Ouma

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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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**	
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ICMJE DISCLOSURE FORM

Date: 1/8/2026

Your Name: Kidist Bobosha

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

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		National Institutes of Health (NIH)	NIH grants awarded to Emory University that did not support the work of this manuscript. Laboratory materials for sample collection and processing under the TBRU-astra project:
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ICMJE DISCLOSURE FORM

Date: 1/12/2026

Your Name: Cecilia Lindestam Arlehamn

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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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**	

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: 1/8/2026

Your Name: Neel Gandhi

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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.

		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.**	☒ None	
			Click the tab key to add additional rows.
Time frame: past 36 months			
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**	
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**	

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: 1/7/2026

Your Name: Sara Auld

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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			Click the tab key to add additional rows.
Time frame: past 36 months			
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**	
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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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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ICMJE DISCLOSURE FORM

Date: 1/7/2026

Your Name: Jyothi Rengarajan

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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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	
		1U19 AI111211-01	
		5R01AI11943-03	
			Click the tab key to add additional rows.
Time frame: past 36 months			
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**	
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**	1U19 AI111211-01
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**	

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ICMJE DISCLOSURE FORM

Date: 1/7/2026

Your Name: Cheryl Day

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-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**	
		National Institutes of Health (NIH)	Funding for this work was provided by the U.S. National Institutes of Health to Emory University
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		National Institutes of Health (NIH)	I have received several other NIH grants awarded to Emory University that did not support the work of this manuscript.
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**	
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**	
		National Institutes of Health (NIH)	The NIH research grant(s) supporting this work have also supported travel to meetings to present study results. In addition, other NIH grants not supporting this work have been used to support research-related travel.
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**	
		NIH HIV/AIDS Clinical Trials Network: ACTG Executive Committee member	ACTG Executive Committee voting member

		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**	

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ICMJE DISCLOSURE FORM

Date: 1/8/2026

Your Name: Artur Trancoso Lopo de Queiroz

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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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.	[x] None	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	[x] **None**	
3	Royalties or licenses	[x] **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**	
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	[X] **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[X] **None**	
13	Other financial or non-financial interests	[X] **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.

ICMJE DISCLOSURE FORM

Date: 1/8/2026

Your Name: Mariana Araújo Pereira

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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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			Click the tab key to add additional rows.
Time frame: past 36 months			
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**
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**	

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ICMJE DISCLOSURE FORM

Date: 1/9/2026

Your Name: Eduardo Fukutani Rocha

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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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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 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 9/1/2026

Your Name: Bruno Bezerril Andrade

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	[x] **None**	
3	Royalties or licenses	[x] **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** | | | | |---|---| | | | | | | | | | | | | | | | |
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	[X] **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[X] **None**	
13	Other financial or non-financial interests	[X] **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.

ICMJE DISCLOSURE FORM

Date: 1/7/2026

Your Name: John D. Altman

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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		National Institutes of Health grant U19 AI111211	Funding for this work was provided by the U.S. National Institutes of Health to Emory University
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 1/12/2026

Your Name: Henry M. Blumberg, MD

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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<table>
<tr><th colspan="2"></th><th>Name all entities with whom you have this relationship or indicate none (add rows as needed)</th><th>Specifications/Comments (e.g., if payments were made to you or to your institution)</th></tr>
<tr><td colspan="4">Time frame: Since the initial planning of the work</td></tr>
<tr><td>1</td><td>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.</td><td colspan="2">☐ None
<table><tr><td>NIH grant which supported this work</td><td>Funding made to institution</td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table></td></tr>
<tr><td colspan="4">Time frame: past 36 months</td></tr>
<tr><td>2</td><td>Grants or contracts from any entity (if not indicated in item #1 above).</td><td colspan="2">☐ None
<table><tr><td>Other NIH grants which did not support this work</td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td></tr>
<tr><td>3</td><td>Royalties or licenses</td><td colspan="2">☒ None
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		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**	
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**	Only support for this was from other NIH grants not related to this research project
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	In past but not related to this project—served on DSMB in past.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	Member of the NIH NCATS Workforce Development Enterprise Committee

		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**	
		None related to this project	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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: 1/7/2026

Your Name: Joel D. Ernst

Manuscript Title: *Rare Variable M. tuberculosis Antigens induce predominant Th17 responses in human infection*

Manuscript Number (if known): 202134-INS-CRPH-RV-3

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.

		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.**	☐ **None**	
		National Institutes of Health grant U19 AI111211	Subaward to UCSF from Emory University
		National Institutes of Health grant R01 AI 173002	Grant to UCSF
			Click the tab key to add additional rows.
Time frame: past 36 months			
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**	
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**	
		National Institutes of Health grant U19 AI111211	Subaward to UCSF from Emory University
		National Institutes of Health grant R01 AI 173002	Grant to UCSF
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**	

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.