

ICMJE DISCLOSURE FORM

Date: 08/14/2015
 Your Name: Brandon Sharla
 Manuscript Title: HIV/AIDS Protection in a Clinical Setting
 Manuscript Number (if known): unknown

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)

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.

Click the (+) key to add additional rows.

Time Frame: past 36 months

- 2 Grants or contracts from any entity (if not indicated in item #1 above).

- 3 Royalties or licenses

- 4 Consulting fees

- 5 Payment or honoraria for lectures, presentations, speakers bureaus,

Journal of
writing or
educational
events

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 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.

12/13/2012

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