

ICMJE DISCLOSURE FORM

Date:	02-08-24
Your Name:	Udi Davidovich
Manuscript Title:	Vier jaar PrEP-gebruik binnen het Amsterdam PrEP (AMPrEP) demonstratieproject: seksueel gedrag en incidentie van seksueel overdraagbare infecties onder mannen die seks hebben met mannen die pre-expositieprofylaxe ter preventie van hiv gebruiken
Manuscript Number (if known):	D8334

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.	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <p style="text-align: center; margin-top: 20px;">Click the tab key to add additional rows.</p>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> unrestricted grant to my institution from Gilead Sciences for unrelated research project. <div style="margin-left: 20px;"> <input type="checkbox"/> None </div> </div>

		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)
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	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)
9	Participation on a Data Safety Monitoring Board or Advisory Board	X	Participated in an advisory board of ViiV Europe for long-acting PrEP in 2023-20234
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
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.