

ICMJE DISCLOSURE FORM

Date: August 15th, 2021
 Your Name: Hee-Je Kim
 Manuscript Title: Allogeneic Hematopoietic Cell Transplantation and Cellular Therapy
 Manuscript number (if known): BCT-2021-014

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

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<p><input type="checkbox"/> None</p> <p>Abbvie: Honoraria</p> <p>Amgen: Consultancy, Honoraria</p> <p>AML-Hub: Membership on an entity's Board of Directors or advisory committees, Consultancy, Honoraria</p> <p>Astellas: Membership on an entity's Board of Directors or advisory committees, Consultancy, Honoraria</p> <p>Celgene: Honoraria, Membership on an entity's Board of Directors or advisory committees, Consultancy</p> <p>Daiichi Sankyo: Honoraria, Membership on an entity's Board of Directors or advisory committees, Consultancy</p> <p>Novartis: Membership on an entity's Board of Directors or advisory committees, Honoraria, Consultancy</p> <p>Sanofi Genzyme: Honoraria, Speaker's bureau</p> <p>SL VaxiGen: Honoraria, Consultancy</p> <p>VigenCell: Honoraria, Consultancy</p>	
6	Payment for expert testimony	<p><input type="checkbox"/> None</p> <p>BL&H: Research Funding</p>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	

9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: August 15th, 2021
 Your Name: David Gottlieb
 Manuscript Title: Allogeneic Hematopoietic Cell Transplantation and Cellular Therapy
 Manuscript number (if known): BCT-2021-014

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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 type="checkbox"/> None Adoptive T cell therapy 2 WO 2018/232467 A1 Cross-reactive anti-fungal adoptive T cell therapy WO 2017/004678 A1	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None Advisory board member: Novartis, Abbvie, Haemalogix.	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None Stock options Indee P/L	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: August 15th, 2021
 Your Name: Daniel Weisdorf
 Manuscript Title: Allogeneic Hematopoietic Cell Transplantation and Cellular Therapy
 Manuscript number (if known): BCT-2021-014

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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	

4	Consulting fees	<input type="checkbox"/> 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 type="checkbox"/> None Research support: FATE Therapeutics, Incyte	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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