

ICMJE DISCLOSURE FORM

Date: 2/1/2024

Your Name: Amado Karduss

Manuscript Title: Fostering the next generation transplant physicians

Manuscript Number (if known): BCT-2024-004

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.	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<small>Click the tab key to add additional rows.</small>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

		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	<input type="checkbox"/> None	
		Janssen	Advisoy Board
		Angem	Advisry Board
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Janssen	personal
		Abvie	personal
		BMS	personal
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Takeda	personal
		Janssen	personal
		MSD	personal
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	

		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	<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: 1/28/2024

Your Name: Ana Sureda Balari

Manuscript Title: Fostering the next generation transplant physicians

Manuscript Number (if known): BCT-2024-004

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4	Consulting fees	<input type="checkbox"/> None	
		Takeda	
		BMS/Celgene	
		Novartis	
		Janssen	
		Gilead Kite	
		Sanofi	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
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		Amgen	
		Novartis	
		Gilead Kite	
		Sanofi	
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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 checked="" type="checkbox"/> None	
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		Presidency of the GETH-TC	
		Presidency of the EBMT	

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ICMJE DISCLOSURE FORM

Date: 2/1/2024

Your Name: Miguel-Angel Perales

Manuscript Title: Fostering the next generation transplant physicians

Manuscript Number (if known): BCT-2024-004

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	Monitoring Board or Advisory Board	<input type="checkbox"/> Cidara Therapeutics <input type="checkbox"/> Sellas Life Sciences <input type="checkbox"/> Medigene <input type="checkbox"/> NexImmune	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <input type="checkbox"/> The President of the American Society for Transplantation and Cellular Therapy (ASTCT) <input type="checkbox"/> CIBMTR Cellular Immunotherapy Data Resource (CIDR) Executive Committee <input type="checkbox"/> Be The Match (National Marrow Donor Program, NMDP)	
11	Stock or stock options	<input type="checkbox"/> None <input type="checkbox"/> NexImmune <input type="checkbox"/> OrcaBio <input type="checkbox"/> Omeros	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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: 2/5/2024

Your Name: Shinichiro Okamoto

Manuscript Title: Fostering the next generation transplant physicians

Manuscript Number (if known): BCT-2024-004

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