Date:			6/6/2024		
Your Name:			Shohei Yamamoto		
Manuscript Title:			Prolonged severe cytopenia followed ina patient with acute lymphoblastic	l by fetal CAR T-cell-mediated encephalitis leukemia	
Man	uscript Number (if	known):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activities.			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
In item #1 below, report all suppo frame for disclosure is the past 36			•	ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	
	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.	[N	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	[□] N	one		

		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		
Plea	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 wo	rding of any of the questions on this form.	

Date:			7/6/2024		
Your Name:			Kosuke Akiyama		
Mar	nuscript Title:		Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia		
Mar	nuscript Number (if kn	own):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the man					
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			ll entities with whom you have this ship 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	
	All support for the present manuscript (e.g., funding, provision	[□] N	one		
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month		
2	medical writing, article processing charges, etc.) No time limit for	[□] N	Time frame: past 36 month		

		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		
Plea	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 wo	rding of any of the questions on this form.	

Date:			7/6/2024	
Your Name:			Sachio Fujita	
Mar	uscript Title:		Prolonged severe cytopenia followed in a patient with acute lymphoblastic	d by fatal CAR T-cell-mediated encephalitis e leukemia
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.	
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	em #1 below, report and the for disclosure is the		·	rithout time limit. For all other items, the time
			ll entities with whom you have this ship 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
	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.	□ N	Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[N	lone	
3	Royalties or licenses	[□] N	one	

		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		
Plea	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 wo	rding of any of the questions on this form.	

Date:			7/6/2024	
Your Name:			Ryota Kaneko	
Mar	uscript Title:		Prolonged severe cytopenia followed in a patient with acute lymphoblastic	d by fatal CAR T-cell-mediated encephalitis eleukemia
Mar	uscript Number (if kr	nown):	Click or tap here to enter text.	
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			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	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 Time frame: past 36 month	Click the tab key to add additional rows.
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	

		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		
Plea	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 wo	rding of any of the questions on this form.	

Date:			7/6/2024			
Your Name:			Naoko Kawabata			
Manuscript Title:			Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia			
Mar	nuscript Number (if kn	own):	Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma			ated" means any relation with for-profit or no inuscript. Disclosure represents a commitmen	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
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			ll entities with whom you have this ship 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		
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	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.		
	medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month			
	medical writing, article processing charges, etc.) No time limit for	[□] N	Time frame: past 36 month			

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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	

		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		
Plea	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 wo	rding of any of the questions on this form.	

Date:			7/6/2024		
Your Name:			Takashi Koike		
Manuscript Title:			Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia		
Mar	uscript Number (if k	(nown):	Click or tap here to enter text.		
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			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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	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.		Time frame: past 36 month	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ No	one		
3	Royalties or licenses		one		

		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		
Plea	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 wo	rding of any of the questions on this form.	

Date:			7/6/2024		
Your Name:			Kohei Otsuka		
Manuscript Title:			Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia		
Mar	uscript Number (if k	nown):	Click or tap here to enter text.		
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	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 Time frame: past 36 month	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				

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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	

		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		
Plea	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 wo	rding of any of the questions on this form.	

Date:			7/6/2024		
Your Name:			Mayuko Shibata		
Manuscript Title:			Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia		
Ма	nuscript Number (if k	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma		pt. "Related from the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
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			l entities with whom you have this ship 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	[□] N	one		
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ N	Time frame: past 36 month		

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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		
Plea	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 wo	rding of any of the questions on this form.	

Date:		7/6/2024	7/6/2024		
Your Name:		Yumiko Sugishita	Yumiko Sugishita		
Manuscript Title:			Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia		
Ma	nuscript Number (if kno	wn): Click or tap here to enter text.			
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	em #1 below, report all ne for disclosure is the p	support for the work reported in this manuscript wast 36 months.	vithout time limit. For all other items, the time		
		me all entities with whom you have this ationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: past 36 month			
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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	
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.		

Date:			7/6/2024		
Your Name:			Daisuke Toyama		
Manuscript Title:			Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia		
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.		
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			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
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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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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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