

ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Roman Shapiro

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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Date: 1/16/2022

Your Name: Grace Birch

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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Date: 1/16/2022

Your Name: Guangan Hu

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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Date: 1/16/2022

Your Name: Juliana Vergara

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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Your Name: Sarah Nikiforow

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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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 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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Kite Pharma	
		Novartis	
		Nkarta	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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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: 1/16/2022

Your Name: Joanna Baginska

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Alaa Ali

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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Date: 1/16/2022

Your Name: Mubin Tarannum

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

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Date: 1/16/2022

Your Name: Michal Sheffer

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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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: 3/16/2022

Your Name: Yasmin Z. Abdulhamid

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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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	

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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Benedetta Rambaldi

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Yohei Arihara

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Carol Reynolds

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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: 1/16/2022

Your Name: Max Halpern

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Scott Rodig

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">Immunitas Pharmaceuticals</td> <td style="width: 50%;"></td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Immunitas Pharmaceuticals								
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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Nicole Cullen

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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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: 3/16/2022

Your Name: Jacquelyn O. Wolff

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 1003 1524 1104"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 1444 1524 1545"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 1665 1524 1766"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 1843 1524 1944"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

	advocacy group, paid or unpaid							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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: 3/16/2022

Your Name: Kathleen L. Pfaff

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 195 1521 296"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 436 1521 569"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 657 1521 758"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 1003 1521 1104"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 1224 1521 1325"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 1444 1521 1545"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 1665 1521 1766"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Andrew A. Lane

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Qiagen</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Qiagen								
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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: R. Coleman Lindsley

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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ICMJE DISCLOSURE FORM

Date: 3/16/2022

Your Name: Corey S. Cutler

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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4	Consulting fees	<input type="checkbox"/> None	
		Incyte	Generon
		Kadmon	Mesoblast
		Jazz Pharmaceuticals	CareDx
		Medsenic	Mallinckrodt
		Pfizer	Editas
		Deciphera	Sanofi
		Janssen	Bristol-Myers Squibb
		CTI Biopharma	Equillium
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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Joseph H. Antin

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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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: 1/16/2022

Your Name: Vincent T. Ho

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: John Koreth

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Mahasweta Gooptu

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Haesook T. Kim

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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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: 1/16/2022

Your Name: Karl-Johan Malmberg

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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4	Consulting fees	<input type="checkbox"/> None	
		Fate Therapeutics	
		Vycellix	
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 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	
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	

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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Catherine J Wu

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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		BioNTech	
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	

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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Jianzhu Chen

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Robert J Soiffer

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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Time frame: past 36 months								
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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	
		Kiadis	Jazz Pharamceuticals
		Juno Therapeutics	Precision Biosciences
		Gilead	Rheos Therapeutics
		Jasper	Takeda
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 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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		NMDP – Be the Match	
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: 1/16/2022

Your Name: Jerome Ritz

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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4	Consulting fees	<input type="checkbox"/> None	
		AvroBio	Immunitas Therapeutics
		Akron Biotech	LifeVault Bio
		Clade Therapeutics	Rheos Therapeutics
		Garuda Therapeutics	Novartis
		Talaris Therapeutics	TScan Therapeutics
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 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	
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	

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ICMJE DISCLOSURE FORM

Date: 1/16/2022

Your Name: Rizwan Romee

Manuscript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse

Manuscript Number (if known): 154334-JCI-CMED-RV-3

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.

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Time frame: past 36 months									
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