Date:	8/26/2021
Your Name:	Lubomir Arseniev
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 wording of any of the questions on this form.		

Date:	1/26/2023
Your Name:	Rita Beier
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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	di persona di di di persona di	Time frame: Since the initial planning o	
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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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)
4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	None 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 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:	8/26/2021  Gernot Beutel	
Your Name:		
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors	
Manuscript Number (if known):	163548-JCI-CMED-RV-2	

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3	Royalties or licenses	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)
4	Consulting fees	None 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	

		The state of the s	e all entities with whom you have this ionship 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 wording of any of the questions on this form.			

hannoue, 26/JAN/2023

Date:	1/25/2023
Your Name:	Prof. Dr. Rainer Blasczyk
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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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.	German Research Foundation (DFG, SFB 900)  Deutsche Kinderkrebsstiftung  German Federal Ministry of Education and Research (IFB-Tx)	Research support  Research support  Research support
	2.0%	Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	German Federal Ministry of Education and Research (DZIF)	Research support
3	Royalties or licenses	None	

1

		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		t to the following statement to indicate your agreeme answered every question and have not altered the wo	<i>(U)</i>

Date:	1/25/2023
Your Name:	Agnes Bonifacius
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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		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.	German Research Foundation (SFB 900)  Time frame: past 36 month	Research support / personnel  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	

		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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 wording of any of the questions on this form.		

Date:	<b>4</b> /25/2021
Your Name:	Gunnar Cario
Manuscript Title:	Patient-tailored adoptive Immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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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 mentloned in the manuscript.

		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 o	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.	□ None	Click the tab key to add additional rows.
	NEST TREET	Time frame: past 36 month	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠  None	
3	Royalties or licenses	None 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)
4	Consulting fees	✓ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novartis Servier	lecture Lecture (payment made to institution)
6	Payment for expert testimony	X  None	
7	Support for attending meetings and/or travel	□ None  Jazz Pharma	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None  Jazz Pharma	(payment made to institution)
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	
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12/13/2021

ICMJE Disclosure Form

Date:		<del>-</del>	1/25/2023			
Your Name:		_	Britta Eiz-Vesper			
Manuscript Title:		_	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors			
Mai	nuscript Number (if k	(nown):	163548-JCI-CMED-R	V-2		_
content of your manuscript. "Rela affected by the content of the ma		ipt. "Relat of the man	ted" means any relat uscript. Disclosure r	ion with for-profit or neepresents a commitme	es/interests listed below that are related to the ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.	
epic		nsion, you	should declare all re		example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	ed in this manuscript w	vithout time limit. For all other items, the time	
		Name all	entities with whom	vou have this	Specifications/Comments (e.g., if payments were	
				(add rows as needed)	made to you or to your institution)	•
			hip or indicate none		made to you or to your institution)	•
1	All support for the		hip or indicate none Time frame: S	(add rows as needed)	made to you or to your institution)	•
1	All support for the present manuscript (e.g., funding, provision	relations	hip or indicate none Time frame: S	(add rows as needed) ince the initial planning	made to you or to your institution)	
1	present manuscript (e.g., funding, provision of study materials,	relationsl  □ No  German 900)  Deutscl	Time frame: Some  Research Foundate  He Kinderkrebsstift	nce the initial planning ation (DFG, SFB	made to you or to your institution)  of the work  Research support  Research support	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	relationsl  No  German 900)  Deutscl German	Time frame: S  ne  n Research Founda  ne Kinderkrebsstiften Federal Ministry of	nce the initial planning ation (DFG, SFB	made to you or to your institution)  of the work  Research support	
1	present manuscript (e.g., funding, provision of study materials,	relationsl  No German 900) Deutscl German Resear	Time frame: Some  Research Foundate  He Kinderkrebsstiften Federal Ministry of Ch (IFB-Tx) Sander-Stiftung (ht	nce the initial planning ation (DFG, SFB	made to you or to your institution)  of the work  Research support  Research support  Research support	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relationsl  No  German 900)  Deutscl  German Resear  Wilhelm-	nip or indicate none  Time frame: Some  n Research Foundate  ne Kinderkrebsstifte n Federal Ministry of ch (IFB-Tx) Sander-Stiftung (his	add rows as needed) ince the initial planning intion (DFG, SFB ing if Education and	made to you or to your institution)  of the work  Research support  Research support  Research support  nder-stiftung.de)	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	relations  No German 900) Deutscl German Resear Wilhelm- Research	Time frame: Some  n Research Foundate none  n Research Foundate none  ne Kinderkrebsstifften Federal Ministry of the (IFB-Tx) Sander-Stifftung (his support	add rows as needed) ince the initial planning ation (DFG, SFB ung if Education and tp://www.wilhelm-sar	made to you or to your institution)  of the work  Research support  Research support  Research support  der-stiftung.de)	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	No   German   900)   Deutscl   German   Resear   Wilhelm-Research   No   German   No   German   Company   Company	Time frame: Some  n Research Foundate  ne Kinderkrebsstifte n Federal Ministry of ch (IFB-Tx) Sander-Stiftung (his support	add rows as needed) ince the initial planning ation (DFG, SFB ung if Education and tp://www.wilhelm-sar	made to you or to your institution)  of the work  Research support  Research support  Research support  nder-stiftung.de)	

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4	Consulting fees	None 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	ISCT Europe	no payment

		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 wording of any of the questions on this form.		

Date:	1/25/2023
Your Name:	Birgit Fröhlich
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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		Time frame: Since the initial planning o	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.	None	Click the tab key to add additional rows.
78.3		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution)
4	Consulting fees	None     ■     None     None     ■     None     None
;		
5	Payment or honoraria for	None None
	lectures; presentations, speakers	
	bureaus, manuscript writing or educational events	
6	Payment for expert testimony	None
7	Support for attending meetings and/or	⊠   None
	travel	
8	Patents planned, issued or pending	None
	pending	
9	Participation on a Data Safety	None
	Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board,	None
	society, committee or advocacy group,	
	paid or unpaid	

		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		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

3-00/1023

Date:	1/27/2023
Your Name:	Lilia Goudeva
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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		Time frame: past 36 months	S
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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
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 wording of any of the questions on this form.		

Date:	1/25/2023
Your Name:	Johann Greil
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
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 wording of any of the questions on this form.		

Date:	1/26/2023
Your Name:	Leo Hansmann
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠  None	
3	Royalties or licenses	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)
4	Consulting fees	None     Non	
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	·	t to the following statement to indicate your agreement to answered every question and have not altered the wo	

Berlin Jan 26, 2023

Date:	1/25/2023
Your Name:	Justin Hasenkamp
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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3	Royalties or licenses		None	

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4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AbbVie Deutschland GmbH & Co. KG  AMGEN GmbH  Bristel-Myers Squibb GmbH & Co. KGaA  Celgene GmbH  Deutscher Ärzte-Verlag GmbH  Georg Thieme Verlag KG  Gilead Science GmbH  Janssen-Cilag GmbH  Jazz Pharmaceuticals GmbH  MedKom Akademie GmbH  MSD Sharp & Dohme GmbH  Neovii GmbH  NewConceptOncology GmbH  NIO Niedersachsen e.V.  Novartis Pharma GmbH  Mundipharma GmbH  Pfizer Pharma GmbH
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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 wording of any of the questions on this form.		

ICMJE DISCLOSURE FORM			
Date:	Date: 1/26/2023		
Your Name:	_	Hans-Gert Heuft	
Manuscript Title:	<u>-</u>	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors	
Manuscript Number (if I	known):	163548-JCI-CMED-RV-2	
Manuscript Number (if known): 163548-JCI-CMED-RV-2  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.			
		entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)

		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)
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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.	None  Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	State of Anhalt - Saxony	
3	Royalties or licenses	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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None  None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Secretary of the State and Communal Blood Transfusion Services Working Party

		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	
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Date:	1/30/2023
Your Name:	Michaela Höfs
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
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 wording of any of the questions on this form.		

Date:	1/25/2023
Your Name:	Patrick Hundsdörfer
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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ĸ,	firm its its all its	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.	None	Click tipe tob key to use compranti row s
FE		Time frame: past 36 month	s and the same of
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

CMJE Discl<mark>o</mark>sure Forn

		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 None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	None 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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		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     Non	
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:		

Helios Klinikum Berlin-Buch PD Dr. med. Patrick Hundsdörfer Chefarzt der Blinik für kinder- und gegendmedizin Schwarebecker Chayssee 50 Telefon (030) 9401 54500 Telefax (030) 9401 54509

Date:	8/26/2021
Your Name:	Edgar Jost, MD
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Lecture for JAZZ: AML	Payment for me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Travel costs EBMT Meeting Neovii Travel costs CAR T cell meeting Gilead Online ticket ASH 2022by Gilead	Organized by myself, costs covered by Neovii Organized
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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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 wording of any of the questions on this form.		

Date:	1/25/2023
Your Name:	Kinan Kafa
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 wording of any of the questions on this form.		

Date:	1/25/2023
Your Name:	Oliver Kriege
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
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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 wording of any of the questions on this form.		

Date:	1/25/2023
Your Name:	Nicolaus Kröger
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if paymer made to you or to your institution)	nts were
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None  EBMT President 2018-2022	

		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 wording of any of the questions on this form.		

Date:

Click or tap to enter a date.

Your Name:

Click or tap here to enter text.

**Manuscript Title:** 

Patient-tailored adoptive immunotherapy with EBV-specific T cells from related

and unrelated donors

Manuscript Number (if

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Name all entities with whom you have this Specifications/Comments (e.g., if relationship or indicate none (add rows as payments were made to you or to your institution) needed) Time frame: Since the initial planning of the work 1 All support for None 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 months 2 Grants or None contracts from any entity (if not indicated in item #1 above). 3 Royalties or None licenses Consulting fees 5 Payment or None honoraria for lectures, presentations, speakers bureaus, manuscript writing or

educational events	
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
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 nlace on "V"	" next to the following statement to indicate your agreement:
I lease place all A	near to the following statement to mulcate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dat	e:	1/25/2023			
Your Name:		Britta Maecker-Kolhoff			
Manuscript Title:		Patient-tailored adoptive immunotherapy donors	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors		
Ma	nuscript Number (if l	known): 163548-JCI-CMED-RV-2			
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.		not-for-profit third parties whose interests may be ent to transparency and does not necessarily cy/interest, it is preferable that you do so.  The example, if your manuscript pertains to the infacturers of antihypertensive medication, even if			
	tem #1 below, report me for disclosure is th	all support for the work reported in this manuscript ne past 36 months.	without time limit. For all other items, the time		
		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)		
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		Time frame: Since the initial planning			
1	All support for the present	Time frame: Since the initial planning    Output	g of the work		
1	present manuscript (e.g.,	Time frame: Since the initial planning			
1	present manuscript (e.g., funding, provision of study materials,	Time frame: Since the initial planning  None  German Research Foundation (DFG, SFB 900)  Deutsche Kinderkrebsstiftung	Research support  Research support		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	Time frame: Since the initial planning  None  German Research Foundation (DFG, SFB 900)  Deutsche Kinderkrebsstiftung  German Federal Ministry of Education and	Research support		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Time frame: Since the initial planning  None  German Research Foundation (DFG, SFB 900)  Deutsche Kinderkrebsstiftung  German Federal Ministry of Education and Research (IFB-Tx)	Research support  Research support  Research support		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	Time frame: Since the initial planning  None  German Research Foundation (DFG, SFB 900)  Deutsche Kinderkrebsstiftung  German Federal Ministry of Education and	Research support  Research support  Research support		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initial planning  None  German Research Foundation (DFG, SFB 900)  Deutsche Kinderkrebsstiftung  German Federal Ministry of Education and Research (IFB-Tx)  Wilhelm-Sander-Stiftung (http://www.wilhelm-sa	Research support  Research support  Research support		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning  None  German Research Foundation (DFG, SFB 900)  Deutsche Kinderkrebsstiftung  German Federal Ministry of Education and Research (IFB-Tx)  Wilhelm-Sander-Stiftung (http://www.wilhelm-sa	Research support Research support Research support Research support		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	None  German Research Foundation (DFG, SFB 900)  Deutsche Kinderkrebsstiftung  German Federal Ministry of Education and Research (IFB-Tx)  Wilhelm-Sander-Stiftung (http://www.wilhelm-sarResearch support  Time frame: past 36 mont	Research support Research support Research support nder-stiftung.de)		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initial planning  None  German Research Foundation (DFG, SFB 900)  Deutsche Kinderkrebsstiftung  German Federal Ministry of Education and Research (IFB-Tx)  Wilhelm-Sander-Stiftung (http://www.wilhelm-saresearch support  Time frame: past 36 mont  None  German Federal Ministry of Education and	Research support Research support Research support Research support		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	None  German Research Foundation (DFG, SFB 900)  Deutsche Kinderkrebsstiftung  German Federal Ministry of Education and Research (IFB-Tx)  Wilhelm-Sander-Stiftung (http://www.wilhelm-sarResearch support  Time frame: past 36 mont	Research support Research support Research support nder-stiftung.de)		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	Time frame: Since the initial planning  None  German Research Foundation (DFG, SFB 900)  Deutsche Kinderkrebsstiftung  German Federal Ministry of Education and Research (IFB-Tx)  Wilhelm-Sander-Stiftung (http://www.wilhelm-saresearch support  Time frame: past 36 mont  None  German Federal Ministry of Education and	Research support Research support Research support nder-stiftung.de)		

ľ		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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	German pediatric PTLD study group	Group leader, no payment

		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	
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	e:		1/25/2023		
Your Name:			Prof. Dr. Stephan Mathas		
Manuscript Title:			Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors		
Mai	nuscript Number (if l	known):	163548-JCI-CMED-RV-2		
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		ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if			
fran	ne for disclosure is th	ne past 36	months.		
			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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Treatm	ent of patients; provision of clinical data; - commenting and reviewing of MS	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	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 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 wording of any of the questions on this form.		

Date:	2/25/2023
Your Name:	Roland Meisel
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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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.

			e all entities with whom you have this onship 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.		None	Click the tab key to add additional rows.
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		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)
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 wording of any of the questions on this form.			

Date:	2/25/2023
Your Name:	Michaela Nathrath
Manuscript Title: Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and donors	
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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		all entities with whom you have this onship 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.	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	

		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 wording of any of the questions on this form.			

Date:	1/30/2023
Your Name:	Mervi Putkonen
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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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.

			e all entities with whom you have this onship 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.		None	Click the tab key to add additional rows.
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 wording of any of the questions on this form.		

Date:			1/1/2023		_
Your Name:			Sarina Ravens		
Manuscript Title:			Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors		
Ma	nuscript Number (if k	nown):	163548-JCI-CMED-RV-2		
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/activitic epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the man e in doubt s/activitionsion, you entioned all suppo	rt for the work reported in this manuscript without 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 o	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	CRC900	one )		
	medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
	article processing charges, etc.) No time limit for		Time frame: past 36 months		
2	article processing charges, etc.) No time limit for		Time frame: 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)
4	Consulting fees	None 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 wording of any of the questions on this form.		

Date:	1/25/2023
Your Name:	Hans Christian Reinhardt
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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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.

		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 o	of the work
2	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.  Grants or contracts from any entity (if not	None  Time frame: past 36 months  □ None  AstraZeneca	Click the tab key to add additional rows.
3	indicated in item #1 above).  Royalties or licenses	Gilead Pharmaceuticals  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)
4	Consulting fees	□ None  Vertex, Roche	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Abbvie, AstraZeneca, Vertex and Merck	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Abbvie	
8	Patents planned, issued or pending	1) Inventors: Michael B. Yaffe, Isaac A. Manke, Daniel Lim, Hans Christian Reinhardt USPTO Application #: 20090010927 Title: MAPKAP KINASE-2 AS A SPECIFIC TARGET FOR BLOCKING PROLIFERATION OF P53-DEFECTIVE CELLS 2) Inventors: Manolis Pasparakis, Simon Fallais, Gero Knittel, Hans Christian Reinhardt EPO Application #: 20214527.2-1112 Title: COMBINATION OF INHIBITORS FOR THE PREVENTION AND/OR TREATMENT OF PROLIFERATIVE DISEASES	
9	Participation on a Data Safety	⊠  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)	
	Monitoring Board or Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
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	H.C.R. is a co-founder of CDL Therapeutics  GmbH.		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
[oxtimes]	□ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	1/26/2023
Your Name:	Elisa Sala
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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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.

		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.	None	C'ick the tab key to add additional rours.
	<b>S</b> STATE OF	Time frame: past 36 month	ns vide in the second of the s
2	Grants or contracts from any entity (if not indicated in Item #1 above).	None None	
3	Royalties or licenses	⊠ 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)
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 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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		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	Stack or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, glfts 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   have answered every question and have not altered the wording of any of the questions on this form.			

Date:	1/25/2023	
Your Name:	Martin G Sauer	
Patient-tailored adoptive immunotherapy with EBV-spec from related and unrelated donors		
Manuscript Number (if known): 163548-JCI-CMED-RV-2		
content of your manuscript. "Rela affected by the content of the ma	we ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of 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 suppo	ort for the work reported in this manuscript without time limit. For all other items, the time	

		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	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.	None  Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	DFG SA 1371/6-1 Welcome Trust (215619/Z/19/Z	
3	Royalties or licenses	None 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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
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:	1/28/2023
Your Name:	Clemens A. Schmitt
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors ]
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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		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 o	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.		Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None 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	
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.			

3 12/13/2021 ICMJE Disclosure Form

Roland Schroer

### ICMJE DISCLOSURE FORM

Date: Your Name: Click or tap to enter a date. Click or tap here to enter text.

Manuscript Title:

Patient-tailored adoptive immunotherapy with EBV-specific T cells from related

and unrelated donors

Manuscript Number (if

163548-JCI-CMED-RV-2

known):

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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 Specifications/Comments (e.g., if relationship or indicate none (add rows as payments were made to you or to your

	1	needed)		institution)	
		Tim	e frame: Since the initial plant	ning 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.	None			
	for this item.		Time frame: past 36 m	onths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Time Time pass		
3	Royalties or licenses	None			
4	Consulting fees	None			
5	Payment or honoraria for lectures,	None			 \$

presentations,				
speakers bureaus, manuscript writing or educational events	A. Z		1	
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			
11 Stock or stock options	None	X-1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		÷	
13 Other financial or non-financial interests	None			
Please place on "Y	" next to the following sta	stement to indicate your	agreement:	
certify that I ha	next to the following state answered every question	n and have not altered the	wording of any of the g	Hamatologie und Onkologi Mobil: 0172 - 9443520 Roland@SchroersOnline.de

Date:	8/26/2021
Your Name:	Rebecca Schultze-Florey
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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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.

		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
2	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.   None	Click the tab key to add additional rows.
	contracts from any entity (if not indicated in item #1 above).	Federal ministry of education and research (DZIF)	stipend
3	Royalties or licenses	None None	

			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 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	
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:	1/30/2023	
Your Name:	Nina Kristin Steckel	
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors	
Manuscript Number (if known):	163548-JCI-CMED-RV-2	

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		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.	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	

		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	
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:	1/26/2023
Your Name:	Sabine Tischer-Zimmermann
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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	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
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.  Grants or contracts from any entity (if not indicated in item	Wilhelm-Sander-Stiftung (http://www.wilhelm-sander-stiftung.de, 2015.097.1)   Ellen-Schmidt-Program of the Hannover Medical School	Research support  Click the tab key to add additional rows.
#1 above).  Royalties or licenses	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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
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:	1/26/2023
Your Name:	Prof. Dr. med. Ralf Ulrich Trappe
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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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.

		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	of the work
2	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.  Grants or contracts from any entity (if not	None  Time frame: past 36 months  □ None  Atara Biotherapeutics	Click the tab key to add additional rows.
	indicated in item #1 above).	Roche	Institution
3	Royalties or licenses	None 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)
4	Consulting fees	□ None	
		Atara Biotherapeutics	me
		( )	
5	Payment or honoraria for	□ None	
	lectures,	Atara Biotherapeutics	me and institution
	presentations, speakers	Roche	Institution
	bureaus,		
	manuscript		
	writing or		
	educational events		
		[]	
6	Payment for expert testimony	□ None	
		Atara Biotherapeutics	me
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7	Support for attending		
	meetings and/or	Atara Biotherapeutics	me
	travel	Janssen Cilag	me
		Roche	me
		Beigene	me
		Abbvie	me
8	Patents planned, issued or		
	pending		
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9	Participation on	None	
	a Data Safety Monitoring		
	Board or		
	Advisory Board		
10		[D] No	
10	Leadership or fiduciary role in	□ None	
	other board,	German PTLD Study group	leadership
	society,	German Society of Hematology and Oncology	leadership
	committee or	= ,	
	advocacy group,		
	paid or unpaid		

		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 wording of any of the questions on this form.		

Date:	8/27/2021
Your Name:	Mareike Verbeek
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2

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			e all entities with whom you have this onship 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.	None  e.g., vision erials, ng, ssing )  None  Click the tab key to add additional rows.		
			Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		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)
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 wording of any of the questions on this form.		

Date:	1/25/2023
Your Name:	Daniel Wolff
Manuscript Title:	Patient-tailored adoptive immunotherapy with EBV-specific T cells from related and unrelated donors
Manuscript Number (if known):	163548-JCI-CMED-RV-2
In the interest of transparency w	o ask was to be a second and a second a second and a second a second and a second a second and a second and a second and a second a second a second

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		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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None  Novartis Pharma	
	Royalties or licenses	None	

4		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments wer made to you or to your institution)
4	Consulting fees	None	y
		Sanofi	
		Incyte	
5	- Fritz-Inc Of	⊠ None	
	honoraria for lectures,		
	presentations,	Mallinckrodt	
	speakers	/ Hakeda	
	bureaus, manuscript		
	writing or		
	educational		
	events		
6	Payment for	⊠ None	
	expert testimony		
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	Support for	er saudi 1970 u. a. P.O. a est esta a companyo	
	attending	□ None	Paragraphic Control of the Control o
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	travel		
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	soard or	Behring	
1	dvisory Board		
L	eadership or	The second secon	
fi	duciary role in	None	
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: .		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 None	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
- 1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
1	Other financial or non-financial interests	None	
ease	place an "X" next t	o the following statement to indicate your agreement	
f	certify that I have a	15Wered every question and beautiful	

☑ I certify that I have answered every question and have not altered the wording of any of the questions on this form.