

ICMJE DISCLOSURE FORM

Date: 01032023

Your Name: Click or tap here to enter text. ALAN HOWARD

Manuscript Title: Discovery and Validation of Graft-specific Biomarkers for Risk of Chronic Graft-Versus-Host Disease and Mortality

Manuscript Number (if known): 168575-GCI-CMED-1

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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Time frame: past 36 months		
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4	Consulting fees	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None						
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Date: 01032023

Your Name: Bruce Blazar

Manuscript Title: Discovery and Validation of Graft-specific Biomarkers for Risk of Chronic Graft-Versus-Host Disease and Mortality

Manuscript Number (if known): 168575-JCI-CMED-1

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Date: 01032023

Your Name: Denggang Fu

Manuscript Title: Discovery and Validation of Graft-specific Biomarkers for Risk of Chronic Graft-Versus-Host Disease and Mortality

Manuscript Number (if known): 168575-JCI-CMED-1

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Your Name: Fathima A. Mohamed

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Date: 01032023

Your Name: Jianqun Kou

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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: 01032023

Your Name: Brent Logan

Manuscript Title: Discovery and Validation of Graft-specific Biomarkers for Risk of Chronic Graft-Versus-Host Disease and Mortality

Manuscript Number (if known): 168575-JCI-CMED-1

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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ICMJE DISCLOSURE FORM

Date: 01182023

Your Name: Morgan R Little

Manuscript Title: Discovery and Validation of Graft-specific Biomarkers for Risk of Chronic Graft-Versus-Host Disease and Mortality

Manuscript Number (if known): 168575-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 01032023

Your Name: Philip R. Gafken

Manuscript Title: Discovery and Validation of Graft-specific Biomarkers for Risk of Chronic Graft-Versus-Host Disease and Mortality

Manuscript Number (if known): 168575-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Sophie Paczesny

Manuscript Title: Discovery and Validation of Graft-specific Biomarkers for Risk of Chronic Graft-Versus-Host Disease and Mortality

Manuscript Number (if known): 168575-JCI-CMED-1

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		S.P. holds a patent on "Biomarkers and assays to detect chronic graft versus host disease" (U.S. Patent #10,571,478 B2)	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 01032023

Your Name: Djamilatou Adom

Manuscript Title: Discovery and Validation of Graft-specific Biomarkers for Risk of Chronic Graft-Versus-Host Disease and Mortality

Manuscript Number (if known): 168575-JCI-CMED-1

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)						
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Time frame: past 36 months									
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ICMJE DISCLOSURE FORM

Date: 01032023

Your Name: Mingwei Fei

Manuscript Title: Discovery and Validation of Graft-specific Biomarkers for Risk of Chronic Graft-Versus-Host Disease and Mortality

Manuscript Number (if known): 168575-JCI-CMED-1

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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