

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Inform	ation						
1. Given Name (First Name) Judith		me (Last Nar	me)		3. Date 23-October-2020		
4. Are you the corresponding author?	Yes	√ No	Correspond Mini Kaml	_	or's Name		
5. Manuscript Title Shedding of Viable SARS-CoV2 Following Immunosuppressive Therapy for Hematologic Cancers							
6. Manuscript Identifying Number (if you kn 20-31670	ow it)						
Section 2. The Work Under Co	onsidera	tion for P	ublication				
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not lin	nited to grar					
Section 3. Relevant financial	activities	s outside [.]	the submitted	work.			
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the port relations:	e instruction onships tha Yes	ns. Use one line fo	or each er	ntity; add as many lines as you need by		
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Gilead	✓	√			Local PI for multicenter trials in HIV and COVID; HIV scientific advisory board 2018		
Merck	✓	✓			Sub-I for multicenter trials; HIV scientific advisory board		
Janssen	✓	✓			Local PI for multicenter trials for COVID and HIV; HIV scientific advisory board 2018, 2019		
Theratech		✓			Lipodystrophy Scientific Advisory Board 2019		
Medicure		✓			Statin in HIV Review 2019		



Name of Entity	Grant?	Personal	_	Other?	Comments	
Regeneron	✓	Fees •	Support		Local PI COVID multicenter trial	
Viiv	✓	✓			Local PI for multiple HIV clinical trials and scientific advisory board. Research grant for HIV translational research project	
Frontier Technology	✓				Local PI for HIV multicenter trial	
Pfizer	\checkmark				Local PI for COVID multicenter trial	
Atea	\checkmark				Local PI for COVID multicenter trial	
Section 4. Intellectual Propert	ny Pote	onto P. Cou	avriahts			
Do you have any patents, whether plann	<u>*</u>			nt to the	work? ☐ Yes 🗸 No	
Section 5. Relationships not o	overed	above				
Are there other relationships or activities potentially influencing, what you wrote i				influence	d, or that give the appearance of	
Yes, the following relationships/conditions/cir						
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.						
Section 6. Disclosure Stateme	nt					
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Dr. Aberg reports grants and personal fees from Gilead, grants and personal fees from Merck, grants and personal fees from Janssen, personal fees from Theratech, personal fees from Medicure, grants from Regeneron, grants and personal fees from Viiv, grants from Frontier Technology, grants from Pfizer, grants from Atea, outside the submitted work.						



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Aslam 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fii Sadaf	rst Name)	2. Surname (Last Name) Aslam	3. Date 23-October-2020			
4. Are you the cor	you the corresponding author? Yes V		Corresponding Author's Name Mini Kamboj			
5. Manuscript Title Shedding of Viak		ng Immunosuppressive Th	erapy for Hematologic Cancers			
6. Manuscript Ider 20-31670	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration for Public	cation			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,			
Section 3.	Relevant financial	activities outside the s	submitted work.			
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Section 4.	Intellectual Proper	ty Patents & Copyric	ghts			
Do you have any			oadly relevant to the work? Yes V No			

Aslam 2



Section 5.						
K	elationships not covered above					
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ing, what you wrote in the submitted work?					
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Dr. Aslam has nothi	ng to disclose.					

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Aydillo Gomez 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Teresa	2. Surname (Last Name) Aydillo Gomez	3. Date 23-October-2020				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mini Kamboj				
5. Manuscript Title Shedding of Viable SARS-CoV2 Followin	ng Immunosuppressive The	erapy for Hematologic Cancers				
6. Manuscript Identifying Number (if you ki 20-31670	now it)					
Section 2. The Work Under C	onsideration for Public	ation				
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo						
Section 3. Relevant financial	activities outside the s	ubmitted work.				
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Section 4. Intellectual Prope	rty Patents & Copyrig	hts				
Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? ☐ Yes ✓ No				

Aydillo Gomez 2



Section 5.							
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Yes, the follo	wing relationships/conditions/circumstances are present (explain below):						
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest						
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.						
Continu							
Section 6.	Disclosure Statement						
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box						
Dr. Aydillo Gom	ez has nothing to disclose.						

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Babady 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fir N. Esther	st Name)	2. Surname Babady	(Last Name)			3. Date 13-November-2020	
4. Are you the corr	esponding author?	Yes	√ No	Correspon	ding Author's I boj	Name	
5. Manuscript Title Shedding of Viable SARS-CoV2 Following Immunosuppressive Therapy for Hematologic Cancers							
6. Manuscript Iden 20-31670	tifying Number (if you kr	ow it)					
Section 2.	The Work Under Co	onsideratio	n for Publi	cation			
any aspect of the su statistical analysis, o	ubmitted work (including etc.)?	but not limite	ed to grants, da			commercial, private foundati design, manuscript preparati	
•	evant conflicts of intere						
	ut the appropriate info se removed by pressin			e more thar	n one entity p	oress the "ADD" button to a	add a row.
Name of Instituti	, ,	Grant? P	ersonal No	n-Financial Support	Other? C	omments	
Byrne Family COVID19	Research Fund	✓					
	leath/National Cancer er Support [Grant P30	✓					
Section 3.	Relevant financial	activities o	utside the	submitted	work.		
of compensation)	with entities as descri	bed in the in	structions. U	se one line fo	or each entity	relationships (regardless o y; add as many lines as you o months prior to publica	need by
Are there any rele	evant conflicts of intere	est? Yes	s ✓ No				
Section 4.	Intellectual Proper	ty Pate <u>n</u> t	ts & Copy <u>ri</u>	ghts			
Do you have any	patents, whether plan	ned, pending	g or issued, b	roadly releva	ant to the wo	rk? Yes 🗸 No	

Babady 2



Section 5. Polationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Dr. Babady reports grants from Byrne Family COVID19 Research Fund, grants from National Institute of Heath/National Cancer Institute Cancer Center Support [Grant P30 CA008748], during the conduct of the study.

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1

Dutta



Section 1.	Identifying Inform	nation				
1. Given Name (Fii Jayeeta	rst Name)	2. Surname (Last Name) Dutta	3. Date 23-October-2020			
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Mini Kamboj			
5. Manuscript Title Shedding of Viak		ng Immunosuppressive Th	erapy for Hematologic Cancers			
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

Dutta 2



Section 5.	Deletionshing not severed above					
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Dr. Dutta has not	thing to disclose.					

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Adolfo	2. Surname (Last Name) García-Sastre	3. Date 23-October-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mini Kamboj			
5. Manuscript Title Shedding of Viable SARS-CoV2 Followi	ng Immunosuppressive ⁻	Therapy for Hematologic Cancers			
6. Manuscript Identifying Number (if you k 20-31670	now it)				
Section 2					
Section 2. The Work Under C	onsideration for Pub	lication			
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter If yes, please fill out the appropriate inf Excess rows can be removed by pressing	est? Yes No ormation below. If you had the "X" button.	m a third party (government, commercial, private for data monitoring board, study design, manuscript preasure more than one entity press the "ADD" butto	eparation,		
Name of Institution/Company	Grant? Personal N	Other Comments Support			
NIAID	✓				
IBP Foundation	✓				
Open Philanthropy Project	✓				
Mount Sinai Philanthropy	✓				
Section 3. Relevant financial	activities outside the	submitted work.			
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. port relationships that w	whether you have financial relationships (regard Use one line for each entity; add as many lines a ere present during the 36 months prior to pu	as you need by		
Are there any relevant conflicts of inter	est? ✓ Yes No				



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Pfizer				√	Research agreement	
Shenwa				✓	Research agreement	
Pharmamar				✓	Research agreement	
Blade therapeutics				✓	Research agreement	
Avimex		\checkmark		✓	Research agreement and consultant	
Johnson & Johnson				✓	Research agreement	
Dynavax				✓	Research agreement	
Kenall Maufacturing				√	Research agreement	
Provisional Application Number:		utton.		License	l'm inventor in a vaccine	
Section 5. Relationships not covered above Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? Yes, the following relationships/conditions/circumstances are present (explain below):						
No other relationships/conditions/circumstances that present a potential conflict of interest At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships						

Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. García-Sastre reports grants from NIAID, grants from JBP Foundation, grants from Open Philanthropy Project, grants from Mount Sinai Philanthropy, during the conduct of the study; other from Pfizer, other from Shenwa, other from Pharmamar, other from Blade therapeutics, personal fees and other from Avimex, other from Johnson & Johnson, other from Dynavax, other from Kenall Maufacturing, outside the submitted work. In addition, Dr. García-Sastre reports having a patent Provisional Application Number: 63/057,267 pending.

Evaluation and Feedback

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Gonzalez-Reiche 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi Ana	rst Name)	2. Surname (Last N Gonzalez-Reiche	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Mini Kamboj
5. Manuscript Title Shedding of Viak		ng Immunosuppres	ssive Therapy for Hematologic Cancers
6. Manuscript Ider 20-31670	ntifying Number (if you kn	now it)	
Section 2.	The Work Under Co	onsideration for	Publication
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to g	tes from a third party (government, commercial, private foundation, etc.) for rants, data monitoring board, study design, manuscript preparation,
	out the appropriate info be removed by pressing	· · · · · · · · · · · · · · · · · · ·	you have more than one entity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Person Fees?	Other• Comments
Robin Chemers Neus Fellowship	tein Postdoctoral		Award to conduct SARS-CoV-2 research from the Icahn School of Medicine at Mount Sinai
Section 3.	Relevant financial	activities outsid	e the submitted work.
of compensation clicking the "Add) with entities as descri +" box. You should rep	bed in the instruct port relationships t	cate whether you have financial relationships (regardless of amount ions. Use one line for each entity; add as many lines as you need by hat were present during the 36 months prior to publication .
Are there any rel	evant conflicts of intere	est? Yes	No
	l		
Section 4.	Intellectual Proper	ty Patents & C	opyrights
Do you have any	patents, whether plan	ned, pending or iss	sued, broadly relevant to the work? Yes V No

Gonzalez-Reiche 2



Section 5. Polationships not sovered above
Relationships not covered above
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Dr. Gonzalez-Reiche reports other from Robin Chemers Neustein Postdoctoral Fellowship, during the conduct of the study.

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Gonzalez-Reiche 3



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Royalties: Funds are coming in to you or your institution due to your patent

Hohl 1



Section 1. Identifying Information	ation				
1. Given Name (First Name) Tobias	2. Surname (Last Name) Hohl			3. Date 13-November-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Correspond Mini Kamb	ling Author's oj	Name	
5. Manuscript Title Shedding of Viable SARS-CoV2 Following	g Immunosuppressive T	Therapy for He	matologic (Cancers	
6. Manuscript Identifying Number (if you kno 20-31670	ow it)				
Section 2. The Work Under Co	nsideration for Pub	lication			
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?	but not limited to grants,	data monitoring	board, study	y design, manuscript preparation,	
Excess rows can be removed by pressing	the "X" button.				
Name of Institution/Company	Grant? Personal N	on-Financial Support [?]	Other?	Comments	
Byrne Family COVID19 Research Fund			V	nrestricted Fund for COVID19 search	
Section 3. Relevant financial a	activities outside the	e submitted v	work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .					
Are there any relevant conflicts of interesting the series of the series					
Name of Entity	Grant? Personal N	on-Financial Support?	Other?	Comments	
Merck				onsulting Fee, Scientific Advisory pard	
Partner Therapeutics				onsulting Fee, Scientific Advisory pard	

Hohl 2



Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				
Section 5. Relationships not covered above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):				
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Section 6. Disclosure Statement				
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Dr. Hohl reports other from Byrne Family COVID19 Research Fund, during the conduct of the study; personal fees from Merck, personal fees from Partner Therapeutics, outside the submitted work.				

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Hohl 3



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Kamboj 1



Section 1. Identifying Info	ormation	
1. Given Name (First Name) Mini	2. Surname (Last Name) Kamboj	3. Date 16-November-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Shedding of Viable SARS-CoV2 Follo	owing Immunosuppressive Therapy for	Hematologic Cancers
6. Manuscript Identifying Number (if yo 20-31670	ou know it)	
Sortion 2		
Section 2. The Work Unde	r Consideration for Publication	
any aspect of the submitted work (inclu statistical analysis, etc.)? Are there any relevant conflicts of in	ding but not limited to grants, data moniton iterest? Yes No information below. If you have more the	rty (government, commercial, private foundation, etc.) for ring board, study design, manuscript preparation, nan one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Non-Financi Support?	Other? Comments
Byrne Family COVID19 Research Fund	V	
Section 3. Relevant finance	ial activities outside the submitte	ed work.
of compensation) with entities as de clicking the "Add +" box. You should Are there any relevant conflicts of in	escribed in the instructions. Use one line d report relationships that were presen	have financial relationships (regardless of amount e for each entity; add as many lines as you need by t during the 36 months prior to publication.
Section 4. Intellectual Pro	perty Patents & Copyrights	
Do you have any patents, whether p	planned, pending or issued, broadly rele	evant to the work? Yes V No

Kamboj 2



Section 5. Polationships not severed above				
Relationships not covered above				
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Kamboj 3



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Khan 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fir Zenab	st Name)	2. Surname (Last Name) Khan	3. Date 23-October-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Mini Kamboj	
5. Manuscript Title Shedding of Viab		ng Immunosuppressive Th	erapy for Hematologic Cancers	
6. Manuscript Iden 20-31670	itifying Number (if you kr	ow it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the su statistical analysis, e	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	submitted work.	
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Section 4.	Intellectual Proper	ty Patents & Copyri <u>c</u>	yhts	
Do you have any			oadly relevant to the work? Yes V No	

Khan 2



Section 5.					
Rel	ationships not covered above				
	onships or activities that readers could perceive to have influenced, or that give the appearance of g, what you wrote in the submitted work?				
Yes, the following	Yes, the following relationships/conditions/circumstances are present (explain below):				
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	cript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements may ask authors to disclose further information about reported relationships.				
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Dr. Khan has nothing	to disclose.				

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Royalties: Funds are coming in to you or your institution due to your patent

Obla 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Ajay	rst Name)	2. Surname (Last Name) Obla		3. Date 23-October-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Mini Kamboj	
5. Manuscript Title Shedding of Viak		ng Immunosuppressive Th	erapy for Hematologic Cance	ers
6. Manuscript Ider 20-31670	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, com ta monitoring board, study desi	mercial, private foundation, etc.) for gn, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Proper	rty Patents & Copyric	yhts	
Do you have any			oadly relevant to the work?	☐ Yes ✓ No

Obla 2



Section 5. Bol					
Rel	ationships not covered above				
	onships or activities that readers could perceive to have influenced, or that give the appearance of g, what you wrote in the submitted work?				
Yes, the following	Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other relations	hips/conditions/circumstances that present a potential conflict of interest				
	ript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements may ask authors to disclose further information about reported relationships.				
Section 6. Dis	closure Statement				
Based on the above d below.	isclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Obla has nothing	to disclose.				

Evaluation and Feedback

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Obla 3



Instructions

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patent

Papanicolaou 1



Section 1. Identifying Inform	ation			l e	
identifying inform					
1. Given Name (First Name) Genovefa	2. Surname (Last Nam Papanicolaou	ne)		. Date 5-October-2020	
4. Are you the corresponding author?	Yes ✓ No	Correspond Kamboj Mi	ing Author's Name		
5. Manuscript Title Shedding of Viable SARS-CoV2 Followin	g Immunosuppressiv	e Therapy for He	matologic Cance	rs	
6. Manuscript Identifying Number (if you known 20-31670	ow it)				
20 310/0					
Section 2. The Work Under Co	encideration for D	phication			
Did you or your institution at any time recei- any aspect of the submitted work (including statistical analysis, etc.)?					c.) for
Are there any relevant conflicts of intere	st? Yes ✓ N	No			
Section 3. Belovent financial					
Relevant financial	activities outside t	he submitted v	work.		
Place a check in the appropriate boxes in		•		. •	
of compensation) with entities as descril clicking the "Add +" box. You should rep			•		-
Are there any relevant conflicts of intere		No	aring the 50 mo	itiis prior to publication.	
If yes, please fill out the appropriate info					
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comm	nents	
Merck &Co	V			onal PI in clinical trials, nt, speaker	
Takeda				onal PI in clinical trials	
Partners Therapeutics			✓ Consulta	ınt	
Astellas Pharma			✓ Consulta	int	
Amplyx			DSMC m	ember	
Octapharma			✓ EAP com	nmittee Chair	
Allovir			✓ DSMC M	ember	

Papanicolaou 2



Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No Section 5. Relationships not covered above Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Section 5. Relationships not covered above Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of
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Section 6. Disclosure Statement
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Dr. Papanicolaou reports grants and other from Merck &Co, other from Takeda, other from Partners Therapeutics, other from Astellas Pharma, other from Amplyx, other from Octapharma, other from Allovir, outside the submitted work.

Evaluation and Feedback

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Papanicolaou 3



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Royalties: Funds are coming in to you or your institution due to your patent

Perales 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Miguel-Angel			ne (Last Nar	me)		3. Date 31-July-2020	
4. Are you the cor	responding author?	Yes	√ No	Correspond Mini Kaml	_	or's Name	
5. Manuscript Titl Shedding of Via	e ble SARS-CoV2 Followir	ng Immuno	osuppressiv	ve Therapy for He	ematologi	c Cancers	
6. Manuscript Ide 20-31670	ntifying Number (if you kn	now it)					
Section 2.	The Work Under Co	ansidara	tion for P	uhlication			
any aspect of the s statistical analysis,	submitted work (including	but not lim		nts, data monitoring	_	ent, commercial, private foundation, udy design, manuscript preparation,	
Section 3.	Relevant financial	activities	outside	the submitted	work.		
of compensation clicking the "Add Are there any rel	n) with entities as descri	bed in the port relations: est? // '	instruction onships tha Yes	ns. Use one line fo	or each er	ial relationships (regardless of ar ntity; add as many lines as you ne a 36 months prior to publicatio	ed by
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Abbvie			√			Advisory Board	
Bellicum			✓			Advisory Board	
Bristol-Myers Squibb			✓			Advisory Board	
Celgene			✓			Advisory Board	
Cidara Therapeutics			\checkmark			DSMB	
Incyte			\checkmark		✓	Clinical trial support	
Kite/Gilead			✓		✓	Clinical trial support	
Medigene			✓			DSMB	

Perales 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Miltenyi		✓		✓	Clinical trial support
MolMed		\checkmark			Advisory Board
Nektar Therapeutics		\checkmark			Advisory Board
NexImmune		\checkmark			Advisory Board
Novartis		\checkmark			Advisory Board
Omeros		\checkmark			Consultant
Merck		✓			Consultant
Servier		✓			DSMB
akeda Advisory Board					
Section 4. Intellectual Property Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No					
Section 5. Relationships not c	overed	above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest					
At the time of manuscript acceptance, jo	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.				

Perales 3

On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6.

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Dr. Perales reports personal fees from Abbvie, personal fees from Bellicum, personal fees from Bristol-Myers Squibb, personal fees from Celgene, personal fees from Cidara Therapeutics, personal fees and other from Incyte, personal fees and other from Kite/Gilead, personal fees from Medigene, personal fees and other from Miltenyi, personal fees from MolMed, personal fees from Nektar Therapeutics, personal fees from NexImmune, personal fees from Novartis, personal fees from Omeros, personal fees from Merck, personal fees from Servier, personal fees from Takeda, outside the submitted work.

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patent

Sepkowitz 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Kent	2. Surname (Last Name) Sepkowitz	3. Date 25-October-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mini Kamboj
5. Manuscript Title Shedding of Viable SARS-CoV2 Follow	ing Immunosuppressive Th	erapy for Hematologic Cancers
6. Manuscript Identifying Number (if you k 20-31670	now it)	
Section 2. The Work Under G	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Section 4. Intellectual Prope	erty Patents & Copyric	yhts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

Sepkowitz 2



Section 5. Polationships not severed above
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Shah 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Gunjan	rst Name)	2. Surname (Last Name) Shah	3. Date 23-October-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Mini Kamboj
5. Manuscript Title Shedding of Viak		ng Immunosuppressive ⁻	Therapy for Hematologic Cancers
6. Manuscript Ider 20-31670	ntifying Number (if you kr	now it)	
	ı		
Section 2.	The Work Under C	onsideration for Pub	lication
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants,	om a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
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of compensation clicking the "Add) with entities as descri	ibed in the instructions. port relationships that w	whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication .
If yes, please fill o	out the appropriate info	ormation below.	
Name of Entity		Grant? Personal N	Other? Comments
lanssen			Research funding outside project
Amgen			Research funding outside project
Section 4.	Intellectual Prope	rty Patents & Copy	rights
D I	•		
Do you have any	patents, whether plan	ined, pending or issued,	broadly relevant to the work? Yes Vo

Shah 2



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Sortion 6
Section 6. Disclosure Statement
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Dr. Shah reports other from Janssen, other from Amgen, outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

van Bakel 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Harm	rst Name)	2. Surname (Last Name) van Bakel		3. Date 23-Octobe	er-2020
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding A Mini Kamboj	uthor's Name	
5. Manuscript Title Shedding of Vial		ng Immunosuppressive T	herapy for Hemato	logic Cancers	
6. Manuscript Idea	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration for Publ	ication		
any aspect of the s statistical analysis,	ubmitted work (including	ive payment or services from but not limited to grants, dest?			
If yes, please fill o		ormation below. If you ha	ve more than one	entity press the "ADD	" button to add a row.
Name of Institut	ion/Company	Grant'	on-Financial Otho	Comments	
National Institute of <i>I</i> Diseases	Allergy and Infectious	✓			
Section 3.	Relevant financial	activities outside the	submitted work		
of compensation clicking the "Add) with entities as descri	in the table to indicate white the table to indicate white the instructions. Upont relationships that we sest? Yes V No	Ise one line for eac	h entity; add as many	lines as you need by
	ı				
Section 4.	Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to	the work? Yes	✓ No

van Bakel 2



Section 5. Polationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. van Bakel reports grants from National Institute of Allergy and Infectious Diseases, during the conduct of the study.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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Royalties: Funds are coming in to you or your institution due to your patent

van de Guchte 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Adriana	2. Surname (Last Name) van de Guchte	3. Date 23-October-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Mini Kamboj
5. Manuscript Title Shedding of Viable SARS-CoV2 Followin	ng Immunosuppressive The	erapy for Hematologic Cancers
6. Manuscript Identifying Number (if you kr 20-31670	now it)	
Section 2. The Work Under Co	onsideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate who ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4. Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether plan		

van de Guchte 2



Section 5.	
Rel	ationships not covered above
	onships or activities that readers could perceive to have influenced, or that give the appearance of g, what you wrote in the submitted work?
Yes, the following	relationships/conditions/circumstances are present (explain below):
✓ No other relations	hips/conditions/circumstances that present a potential conflict of interest
	cript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements may ask authors to disclose further information about reported relationships.
Section 6. Dis	closure Statement
Based on the above d below.	isclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. van de Guchte ha	s nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

van de Guchte 3