Date:	1/16/2022
Your Name:	Roman Shapiro
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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		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 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:	1/16/2022
Your Name:	Grace Birch
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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Date:	1/16/2022
Your Name:	Guangan Hu
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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Date:	1/16/2022
Your Name:	Juliana Vergara
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
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3	Royalties or licenses	None None	

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Date:	1/16/2022
Your Name:	Sarah Nikiforow
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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9	Participation on a Data Safety Monitoring Board or Advisory Board	None Kite Pharma Novartis Nkarta	
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Date:	1/16/2022
Your Name:	Joanna Baginska
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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Date:	1/16/2022
Your Name:	Alaa Ali
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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13	Other financial or non-financial interests	None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/16/2022
Your Name:	Mubin Tarannum
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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3	Royalties or licenses	None None		

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Date:	1/16/2022
Your Name:	Michal Sheffer
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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3	Royalties or licenses		None	

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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	
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Date:	3/16/2022
Your Name:	Yasmin Z. Abdulhamid
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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30 12/13/2021 ICMJE Disclosure Form

Date:	1/16/2022
Your Name:	Benedetta Rambaldi
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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Date:	1/16/2022
Your Name:	Yohei Arihara
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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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:		

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Date:	1/16/2022
Your Name:	Carol Reynolds
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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.

		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 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 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:	1/16/2022
Your Name:	Max Halpern
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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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.	Time frame: Since the initial planning None	of the work Click the tab key to add additional rows.
		Time frame: past 36 month	ns
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	
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	e:		1/16/2022	
You	r Name:		Scott Rodig	
Mai	nuscript Title:		Expansion, persistence and efficacy of dono relapse	r memory-like NK cells infused for post-transplant
Mai	nuscript Number (if k	nown):	154334-JCI-CMED-RV-3	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.		et-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		
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.		ithout time limit. For all other items, the time		
			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)
			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.		one Time for the 20 miles	Click the tab key to add additional rows.
		1	Time frame: past 36 month	S
2	Grants or contracts from	[□] No	one	

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Bristol-Myers-Squibb

KITE/Gilead

⊠ None

any entity (if not indicated in item

#1 above).

Royalties or

licenses

		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 Immunitas Pharmaceuticals	
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:	1/16/2022
Your Name:	Nicole Cullen
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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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
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).		
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	
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:	3/16/2022
Your Name:	Jacquelyn O. Wolff
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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		Time frame: Since the initial plann	ing 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 None	Click the tab key to add additional rows.
		Time frame: past 36 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3	Royalties or licenses	None Non
4	Consulting fees	None
5	Payment or honoraria for	None
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript	
	writing or	
	educational	
	events	
6	Payment for expert testimony	[⊠] None
7	attending	None
	meetings and/or travel	
	tiavei	
8	Patents planned, issued or	[⊠] None
	pending	
9	Participation on a Data Safety	None Non
	Monitoring	
	Board or Advisory Board	
	Advisory board	
10	Leadership or fiduciary role in	None
	other board,	
	society,	
	committee or	

	advocacy group, paid or unpaid		
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:	3/16/2022
Your Name:	Kathleen L. Pfaff
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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

3	Royalties or licenses	None Non
4	Consulting fees	None
5	Payment or honoraria for	None
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript	
	writing or	
	educational	
	events	
6	Payment for expert testimony	[⊠] None
7	attending	None
	meetings and/or travel	
	tiavei	
8	Patents planned, issued or	[⊠] None
	pending	
9	Participation on a Data Safety	None Non
	Monitoring	
	Board or Advisory Board	
	Advisory board	
10	Leadership or fiduciary role in	None
	other board,	
	society,	
	committee or	

	advocacy group, paid or unpaid		
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:		

Date:	1/16/2022
Your Name:	Andrew A. Lane
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3
In the interest of transparency, we	e ask you to disclose all relationships/activities/interests listed below that are related to the

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: 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 AbbVie Stemline Therapeutics	
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 Qiagen	
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 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:	1/16/2022
Your Name:	R. Coleman Lindsley
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

			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.			

Date:	3/16/2022
Your Name:	Corey S. Cutler
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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		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. Grants or contracts from any entity (if not indicated in item	None Time frame: past 36 month None	Click the tab key to add additional rows.
3	#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	Generon
		Incyte Kadmon Jazz Pharmaceuticals Medsenic Pfizer Deciphera Janssen CTI Biopharma	Mesoblast CareDx Mallinckrodt Editas Sanofi Bristol-Myers Squibb Equillium
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	Image: square of the square o	
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:	1/16/2022
Your Name:	Joseph H. Antin
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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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 month	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:	1/16/2022
Your Name:	Vincent T. Ho
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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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 month	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	

			entities with whom you have this ip 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	[⊠] Non	ne	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] Non	ne	
13	Other financial or non-financial interests	[⊠] Non	ne	
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:			1/16/2022		
Your Name:			John Koreth		
Manuscript Title:			Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse		
Mar	nuscript Number (if k	nown):	154334-JCI-CMED-RV-3		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epid	•	nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all suppo frame for disclosure is the past 36				ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g.,	[⊠] N ∈	one		
	funding, provision of study materials,			Click the tab key to add additional rows.	
medical writing, article processing charges, etc.) No time limit for this item.					
			Time frame: past 36 month	S	
			The first passes managed		
2	Grants or contracts from any entity (if not indicated in item	Milteny	one		

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	Therakos Cugene	
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	Image: square of the property o		
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:	1/16/2022
Your Name:	Mahasweta Gooptu
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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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 month	ns
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	
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	Image: square of the property o	

		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:	1/16/2022
Your Name:	Haesook T. Kim
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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	Image: square of the property o	

		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:	1/16/2022
Your Name:	Karl-Johan Malmberg
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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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 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).	Fate Therapeutics Merck Research Council of Norway Knut and Alice Wallenberg Foundation grant 2018.0106	The Norwegian Cancer Society Swedish Cancer Foundations Swedish Research Council
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 Fate Therapeutics Vycellix	
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.		

	ICIVIJE DISCLOSURE FORIVI		
Date:	1/16/2022		
Your Name:	Catherine J Wu		
Manuscript Title:	ript Title: Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplan relapse		
Manuscript Number (if known):	154334-JCI-CMED-RV-3		
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Name	all entities with whom you have this	Specifications/Comments le q if navments were	

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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 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Pharmacyclics	
3	Royalties or licenses	None None	

			ons/Comments (e.g., if payments were ou 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	Image: Second content of the content	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Image: square of the square o	

		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 BioNTech	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
r 1	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:	1/16/2022
Your Name:	Jianzhu Chen
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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		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	

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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	Image: square of the property o	

		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:	1/16/2022
Your Name:	Robert J Soiffer
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known):	154334-JCI-CMED-RV-3

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		Time frame: past 36 month	ns
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 Kiadis Juno Therapeutics Gilead Jasper	Jazz Pharamceuticals Precision Biosciences Rheos Therapeutics Takeda
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Image: square of the square o	
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	NMDP – Be the Match	
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:			1/16/2022		
Your Name:			Jerome Ritz		
Manuscript Title:			Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse		
Mar	nuscript Number (if kı	nown):	154334-JCI-CMED-RV-3		
cont affe	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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			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)	е
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision	[⊠] No	one]
	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 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Amgen Equilliu Kite/Gil		Novartis	

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licenses

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li.		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 AvroBio Akron Biotech	Immunitas Therapeutics LifeVault Bio
		Clade Therapeutics Garuda Therapeutics Talaris Therapeutics	Rheos Therapeutics Novartis TScan Therapeutics
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:	1/16/2022
Your Name:	Rizwan Romee
Manuscript Title:	Expansion, persistence and efficacy of donor memory-like NK cells infused for post-transplant relapse
Manuscript Number (if known): 154334-JCI-CMED-RV-3	
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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.	Dunkin Donuts Breakthrough Award NIH/NCI R21 CA245413 Leukemia and Lymphoma Society Scholar and TRP award	Philanthropic support from the Michelle D. and Douglas W. Bell Fund for Engineered Adoptive Immunotherapy Ted and Eileen Pasquarello Research Fund 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).	CRISPR Therapeutics Skyline Therapeutics		
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 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	Glycostem
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None

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