| Date: | 9/10/2021 |
|-------------------------------|---|
| Your Name: | Nikolaj Pagh Kristensen |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 |

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

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| | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| | | Time frame: Since the initial planning of | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 months | 5 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | 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) |
|----|--|---|---|
| 3 | Royalties or licenses | None None | |
| 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 Non | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None ■ | |
| 10 | Leadership or fiduciary role in other board, | None ■ | |

| | | | e all entities with whom you have this ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|-----------|---|--|--|---|
| | society, committee or | | | |
| | advocacy group, paid or unpaid | | | |
| 11 | Stock or stock options | | None | |
| | | | | |
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| | | | | |
| 12 | Receipt of equipment, | | None | |
| | materials, drugs, medical writing, | | | |
| | gifts or other | | | |
| | services | | | |
| 13 | Other financial or non-financial | | None | |
| | interests | | | |
| | | | | |
| | | | | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | |
| \square | I certify that I have answered every question and have not altered the wording of any of the questions on this form | | | |

| Date: | 9/10/2021 |
|-------------------------------|---|
| Your Name: | Christina Heeke |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 |

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| 3 | Royalties or licenses | None None | |
| 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 Non | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, | None ■ | |

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| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
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| Date: | 9/10/2021 |
|-------------------------------|---|
| Your Name: | Siri A. Tvingsholm |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 |

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| | materials, drugs, medical writing, | | | |
| | gifts or other | | | |
| | services | | | |
| 13 | Other financial or non-financial | | None | |
| | interests | | | |
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| \square | I certify that I have answered every question and have not altered the wording of any of the questions on this form | | | |

| Date: | 9/10/2021 | |
|-------------------------------|---|--|
| Your Name: | Annie Borch | |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma | |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 | |

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| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
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| | 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 | |
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| Date: | 9/10/2021 | |
|-------------------------------|---|--|
| Your Name: | Arianna Draghi | |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma | |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 | |

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| Date: | 9/10/2021 | |
|-------------------------------|---|--|
| Your Name: | Michael D. Crowther | |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma | |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 | |

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| 6 | Payment for expert testimony | None ■ | |
| 7 | Support for attending meetings and/or travel | None Non | |
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| Date: | 9/10/2021 |
|-------------------------------|---|
| Your Name: | Ibel Carri |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 |

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| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None None | |
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| | society, committee or advocacy group, | | | |
| 11 | paid or unpaid Stock or stock options | \boxtimes | None | |
| | · | | | |
| | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | | None | |
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| Date: | 9/10/2021 |
|-------------------------------|---|
| Your Name: | Kamilla K. Munk |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 |

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| Date: | 9/10/2021 |
|-------------------------------|---|
| Your Name: | Jeppe Sejerø Holm |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 |

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| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None | |
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| | | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| | 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 | |
| | Please place an "X" next to the following statement to indicate your agreement: | | | |
| \boxtimes | I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

| Date: | 9/10/2021 |
|-------------------------------|---|
| Your Name: | Anne-Mette Bjerregaard |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 |

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

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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: Since the initial planning of | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing | None | Click the tab key to add additional rows. |
| | charges, etc.) No time limit for this item. | | |
| | | Time frame: past 36 months | 5 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | 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) |
|----|--|--|---|
| 3 | Royalties or licenses | None ■ | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None ■ | |
| 10 | Leadership or fiduciary role in other board, | | |

| | | Name all entities with whom you have this | Specifications/Comments (e.g., if payments were |
|------|--|---|---|
| | | relationship or indicate none (add rows as needed) | made to you or to your institution) |
| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None None | |
| Plea | se place an "X" nex | t to the following statement to indicate your agreeme | ent: |

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

| Date: | 9/10/2021 |
|-------------------------------|---|
| Your Name: | Amalie Kai Bentzen |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 |

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

| | | Name all entities with whom you have this | Specifications/Comments (e.g., if payments were |
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| | | relationship or indicate none (add rows as needed) | made to you or to your institution) |
| | 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 None | |
| Plea | se place an "X" nex | t to the following statement to indicate your agreeme | ent: |

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

| Date: | 9/10/2021 |
|-------------------------------|---|
| Your Name: | Andrea M. Marquard |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 |

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| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
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| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
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| \boxtimes | ☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

| Date: | 9/10/2021 |
|-------------------------------|---|
| Your Name: | Nicholas McGranahan |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 |

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

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| | | relationship or indicate none (add rows as needed) | made to you or to your institution) |
| | 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 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: | 9/10/2021 | |
|-------------------------------|---|--|
| Your Name: | Rikke Andersen | |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma | |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 | |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |

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| 3 | Royalties or licenses | None None | |
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| 6 | Payment for expert testimony | None Non | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None | |
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| | 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 | |
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| Date: | 9/10/2021 | |
|-------------------------------|---|--|
| Your Name: | Morten Nielsen | |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma | |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 | |

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

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| | 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: Certify that I have answered every question and have not altered the wording of any of the questions on this form | | |

| Date: | 9/10/2021 | |
|-------------------------------|---|--|
| Your Name: | Göran B. Jönsson | |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma | |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 | |

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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 Non | |
| 8 | Patents planned, issued or pending | None Non | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, | None ■ | |

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| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None 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: | | |
| \boxtimes | I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

| Date: | 9/10/2021 | |
|-------------------------------|---|--|
| Your Name: | Marco Donia | |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma | |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 | |

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 3 | Royalties or licenses | None Non | |
| | C h: C | 57 | |
| 4 | Consulting fees | None Non | |
| 5 | Payment or honoraria for lectures, presentations, | □ None MD has received honoraria for lectures from Novar | tis and Roche |
| presentations, speakers bureaus, manuscript writing or educational events | | | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None Non | |
| 8 | Patents planned, issued or pending | None Non | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None Non | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | | None | |
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| Date: | 9/10/2021 | |
|-------------------------------|---|--|
| Your Name: | Inge-Marie Svane | |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma | |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 | |

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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 Non | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None ■ | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None | |
| 10 | Leadership or fiduciary role in other board, | None ■ | |

| | | | 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) |
|-------------|--|-------------|---|---|
| | society, committee or advocacy group, | | | |
| | paid or unpaid | | | |
| 11 | Stock or stock options | | None | |
| | | | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | | None | |
| | materials, drugs, medical writing, gifts or other services | | | |
| | | | | |
| 13 | Other financial or | \boxtimes | None | |
| | interests | | | |
| | | | | |
| | | | | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | |
| \boxtimes | I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

| Date: | 9/10/2021 | |
|-------------------------------|---|--|
| Your Name: | Sine Reker Hadrup | |
| Manuscript Title: | Neoantigen-reactive CD8+ T cells affect clinical outcome of adoptive transfer with tumor-infiltrating lymphocytes in melanoma | |
| Manuscript Number (if known): | 150535-JCI-CMED-RV-2 | |

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

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | e all entities with whom you have this ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| | | Time frame: Since the initial planning of | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 months | 5 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | 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) |
|--|---|---|---|
| 3 | Royalties or licenses | □ None Sanquin, NL | Royalties related to patents |
| | | Immundex, DK | License agreement related to patents, potential royalty payments in the future |
| 4 | Consulting fees | None | |
| | | | |
| 5 Payment or honoraria for lectures, | | None Non | |
| | presentations, speakers bureaus, manuscript writing or educational events | | |
| | | | |
| 6 | Payment for expert testimony | None Non | |
| | | | |
| 7 Support for attending meetings and/or travel | None | | |
| | travel | | |
| 8 | Patents planned, issued or pending | None ■ | |
| | | | |
| 9 | Participation on a Data Safety Monitoring | None | |
| | Board or Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, | None | |

| | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|---|
| society, committee or advocacy group, paid or unpaid | | |
| Stock or stock options | None ■ | |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| Other financial or non-financial interests | Co-founder of Immumap Co-founder of Tetramer-shop Co-founder of PokeAcell | No payments related to this project No payments related to this project No payments related to this project |
| | committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial | relationship or indicate none (add rows as needed) society, committee or advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests None None None Co-founder of Immumap Co-founder of Tetramer-shop |

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