Date:	12/2/2021
Your Name:	L. A. Liggett
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease
Manuscript Number (if known):	156060-JCI-CMED-RV-2

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None 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	None

advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None None None			
options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None			
equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None None None	11		None
or non-financial interests None	12	equipment, materials, drugs, medical writing, gifts or other	None None □
	13	or non-financial	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:	12/9/2021
Your Name:	Liam David Cato
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease
Manuscript Number (if known):	156060-JCI-CMED-RV-2

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		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None 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	None

advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None None None			
options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None			
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or non-financial interests None	12	equipment, materials, drugs, medical writing, gifts or other	None None □
	13	or non-financial	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.			

Clonal Hematopoiesis in Sickle Cell Disease

12/10/2021

Joshua Weinstock

Date:

Your Name:

Mar	nuscript Number (if k	(nown): _	156060-JCI-CMED-RV-2	
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.			
epic		nsion, you	•	xample, if your manuscript pertains to the acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th		·	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
	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.	⊠ No	ne	Click the tab key to add additional rows.
2	Grants or		Time frame: past 36 month	ns
2	contracts from any entity (if not indicated in item #1 above).	□ No r	ioData Catalyst	
3	Royalties or licenses	⊠ No	ne	

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	J. Weinstock has filed a patent related to a method for estimating clonal expansion.
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
10	Leadership or fiduciary role in other board, society, committee or	None

	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 None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
13	Other financial or non-financial interests	None 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:	12/9/2021
Your Name:	Yingze Zhang
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease
Manuscript Number (if known):	156060-JCI-CMED-RV-2

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	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			

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None 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	None

advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None None None			
options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None			
equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None None None	11		None
or non-financial interests None	12	equipment, materials, drugs, medical writing, gifts or other	None None □
	13	or non-financial	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.			

12/9/2021

S. Mehdi Nouraie

Manuscript Title:			Clonal Hematopoiesis in Sickle Cell Disease		
Manuscript Number (if known):			156060-JCI-CMED-RV-2		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar a bias. If you are in doubt about we The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmer whether to list a relationship/activity/interest, es/interests should be defined broadly. For eu should declare all relationships with manufain the manuscript.	·	
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ N	lone	Click the tab key to add additional rows.	
			Time frame: past 36 month	is .	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ No	one	Unrelated to this manuscript.	
3	Royalties or licenses	⊠ N	one		

Date:

Your Name:

4	Consulting fees			
		None		
		Phoenicia BioSciences	Made to me but unrelated to this publication.	
_				
5	Payment or honoraria for lectures,	⊠ None		
	presentations, speakers			
	bureaus,			
	manuscript writing or educational events			
6	Payment for expert testimony	⊠ None		
7	Support for attending meetings and/or	⊠ None		
	travel			
8	Patents planned, issued or pending	⊠ None		
9	Participation on a Data Safety Monitoring	□ None		
	Board or Advisory Board	Phoenicia BioSciences	Made to me but unrelated to this publication.	
	Advisory Board			
10	Leadership or fiduciary role in other board,	⊠ None		
	society, committee or			
	committee or			

advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None None None			
options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None			
equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None None None	11		None
or non-financial interests None	12	equipment, materials, drugs, medical writing, gifts or other	None None □
	13	or non-financial	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:		_	12/9/2021		_	
You	r Name:	_	Mark Gladwin			
Manuscript Title: Manuscript Number (if known):		_	Clonal Hematopoiesis in Sickle Cell Disease			
		nown): _	156060-JCI-CMED-RV-2		_	
con affe	tent of your manuscrip	pt. "Relat f the man	ed" means any relation with for-profit or no	s/interests listed below that are related to the t-for-profit third parties whose interests may be at to transparency and does not necessarily indicate it is preferable that you do so.		
epic		ision, you		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if		
In item #1 below, report all suppor frame for disclosure is the past 36				thout time limit. For all other items, the time		
		Name all	entities with whom you have this	Specifications/Comments (e.g., if payments were		
		relations	hip or indicate none (add rows as needed)	made to you or to your institution)		
		relations	hip or indicate none (add rows as needed) Time frame: Since the initial planning			
1		□ No	Time frame: Since the initial planning			
11	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ No	Time frame: Since the initial planning	of the work Click the tab key to add additional rows.		
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ Non HHSN26 □ Non Dr. Glad collabor evaluate	Time frame: Since the initial planning ne 8200617182C Time frame: past 36 month	of the work Click the tab key to add additional rows.		

з	Royalties or licenses	□ None Textbook authorship royalties (MedMaster) – not related to manuscript subject.
4	Consulting fees	Dr. Gladwin is actively serving as a scientific consultant for Actelion, Bayer Healthcare, Pfizer, Forma, and Fulcrum Therapeutics. Not related to the subject matter in the manuscript.
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	Dr. Gladwin is a co-inventor of patents and patent applications directed to the use of recombinant neuroglobin and heme-based molecules as antidotes for CO poisoning, which have been licensed by Globin Solutions, Inc. Dr. Gladwin is

		also co-inventor on patents directed to
		the use of nitrite salts in cardiovascular
		diseases, which were previously licensed
		to United Therapeutics, and is now
		licensed to Globin Solutions and Hope
		Pharmaceuticals. Not related to
		manuscript subject matter.
9	Participation on	
	a Data Safety	None
	Monitoring	
	Board or Advisory Board	
	Auvisory Board	
10	Leadership or	
	fiduciary role in	
	other board, society,	NUU DI Cialda Call Diagges Advisony Committee
	committee or	NHLBI Sickle Cell Disease Advisory Committee. SCDAC
	advocacy group,	SCHAC
	paid or unpaid	
11	Stock or stock	
	options	
	•	
12	Receipt of	
12	equipment,	None
12	equipment, materials, drugs,	None
12	equipment, materials, drugs, medical writing,	None
12	equipment, materials, drugs,	None
12	equipment, materials, drugs, medical writing, gifts or other	None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	equipment, materials, drugs, medical writing, gifts or other services	None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
12	equipment, materials, drugs, medical writing, gifts or other services Other financial	
	equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial	None None None None
	equipment, materials, drugs, medical writing, gifts or other services Other financial	□ None
	equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial	
	equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial	□ None Dr. Gladwin is a shareholder, advisor, and director in Globin Solutions, Inc. This is a CO-poisoning related company, not related to the subject
	equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial	□ None Dr. Gladwin is a shareholder, advisor, and director in Globin Solutions, Inc. This is a CO-poisoning
	equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial	□ None Dr. Gladwin is a shareholder, advisor, and director in Globin Solutions, Inc. This is a CO-poisoning related company, not related to the subject
	equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial	□ None Dr. Gladwin is a shareholder, advisor, and director in Globin Solutions, Inc. This is a CO-poisoning related company, not related to the subject
	equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial	□ None Dr. Gladwin is a shareholder, advisor, and director in Globin Solutions, Inc. This is a CO-poisoning related company, not related to the subject

		on this form.

Clonal Hematopoiesis in Sickle Cell Disease

12/9/2021

Melanie Kail

Date:

Your Name:

Mar	Manuscript Number (if known): 156060-JCI-CMED-RV-2						
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.						
epic	The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.						
	In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.						
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
			Time frame: Since the initial planning	of the work			
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH NHI HL8768	LBI R01HL68959, HL79915, HL70769, 1 Uke Charitable Foundation	Grant funding used to collect OMG-SCD cohort Grant funding used to support work on the manuscript Click the tab key to add additional rows.			
this item.							
	Time frame: past 36 months						
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Nor	ne				
3	Royalties or licenses	⊠ No	one				

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 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	□ None TOPMed Sickle Cell Work Group unpaid TOPMed Executive Committee unpaid	

advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None None None			
options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None			
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or non-financial interests None	12	equipment, materials, drugs, medical writing, gifts or other	
	13	or non-financial 🖂 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.			

Clonal Hematopoiesis in Sickle Cell Disease

12/9/2021

Manuscript Number (if known): 156060-JCI-CMED-RV-2

Allison Ashley-Koch

Date:

Your Name:

cont affect a bia The epid that	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the ontent 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 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 hat medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time trame for disclosure is the past 36 months.			
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	□ None NIH NHLBI R01HL68959, HL79915, HL70769, HL87681 Doris Duke Charitable Foundation	Grant funding used to collect OMG-SCD cohort Grant funding used to support work on the	
	article processing charges, etc.) No time limit for this item.	Don's Dake Charitable Foundation	manuscript Click the tab key to add additional rows.	
		Time frame: past 36 month	is	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
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	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None ■	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None □	
10	Leadership or fiduciary role in other board, society, committee or	□ None TOPMed Sickle Cell Work Group unpaid TOPMed Executive Committee unpaid	

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equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None None None	11		None
or non-financial interests None	12	equipment, materials, drugs, medical writing, gifts or other	
	13	or non-financial 🖂 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.			

Dat	e:		12/9/2021		
Your Name:			Marilyn J Telen		
Ma	nuscript Title:		Clonal Hematopoiesis in Sickle Cell Disease		
Ма	nuscript Number (if k	known):	156060-JCI-CMED-RV-2		
con affe	tent of your manuscrected by the content of	ript. "Rela of the mar			
epi	•	nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			rithout 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	□ No	Time frame: Since the initial planning	Original grant support for data and specimen	
1	present manuscript (e.g., funding, provision of study materials,				
1	present manuscript (e.g., funding, provision of study materials, medical writing,			Original grant support for data and specimen	
1	present manuscript (e.g., funding, provision of study materials,			Original grant support for data and specimen collection	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Original grant support for data and specimen collection Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month	Original grant support for data and specimen collection Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	NHLBI	Time frame: past 36 month	Original grant support for data and specimen collection Click the tab key to add additional rows.	
	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	NHLBI	Time frame: past 36 month	Original grant support for data and specimen collection Click the tab key to add additional rows.	

			Specifications/Comments (e.g., if payments were nade 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 Non	
13	Other financial or non-financial interests	☐ None I serve on the Executive Committee of the NIH CureSickleCell Initiative	Unpaid position, but this work is of particular interest to investigators in gene therapy for SCD
Plea ⊠	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Clonal Hematopoiesis in Sickle Cell Disease

12/10/2021

Brian Custer

Manuscript Number (if known): 156060-JCI-CMED-RV-2

contraffed a bia. The epid that	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.			
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials,	□ None	To my institution	
	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	is	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	⊠ None		

Date:

Your Name:

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None 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	None

advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None None None			
options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None			
equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None None None	11		None
or non-financial interests None	12	equipment, materials, drugs, medical writing, gifts or other	
	13	or non-financial 🖂 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:	12/9/2021
Your Name:	Shannon Kelly
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease
Manuscript Number (if known):	156060-JCI-CMED-RV-2

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None NO personal payment of the conor of individual by NHLBI Donor Evaluation 3to	click the tab key to add additional rows. duals with sickle cell elped establish was the recipient Epidemiology & dy (REBS-111) 75N92019D0003
		Time frame: past 36 month	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None	
3	Royalties or licenses	None	

		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)
COMMITTED TO	Stock or stock options	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	

Date:	12/12/2021
Your Name:	Carla Luana Dinardo
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease
Manuscript Number (if known):	156060-JCI-CMED-RV-2

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None None None					
options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None					
equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None None None	11		None		
or non-financial interests None	12	equipment, materials, drugs, medical writing, gifts or other			
	13	or non-financial 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:	12/12/2021
Your Name:	Ester C. Sabino
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease
Manuscript Number (if known):	156060-JCI-CMED-RV-2

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

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None 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	None

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options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None					
equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None None None	11		None		
or non-financial interests None	12	equipment, materials, drugs, medical writing, gifts or other			
	13	or non-financial 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:	12/9/2021
Your Name:	Paula Loureiro
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease
Manuscript Number (if known):	156060-JCI-CMED-RV-2

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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	

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

advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None None None					
options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None					
equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests None None None	11		None		
or non-financial interests None	12	equipment, materials, drugs, medical writing, gifts or other			
	13	or non-financial 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:	[11/12/2021]
Your Name:	ANNA BARBARA F CARNEIRO-PROIETTI
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease
Manuscript Number (if known):	[156060-JCI-CMED-RV-2]

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	g of the work
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		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X 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	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	[X] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X 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	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	
Please place an "X" next to the following statement to indicate your agreement: X			

SunaBarbarot Clt.

Date:	12/9/2021	
Your Name:	Claudia de Alvarenga Maximo	
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease	
Manuscript Number (if known):	156060-JCI-CMED-RV-2	
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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
	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	ns .
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 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 None
10	Leadership or fiduciary role in other board, society, committee or	None

	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: \[\sum \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

3

Date:	12/9/2021
Your Name:	Alex P Reiner
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease
Manuscript Number (if known):	156060-JCI-CMED-RV-2

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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	

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None 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	None

advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None None None None None			
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or non-financial interests None	12	equipment, materials, drugs, medical writing, gifts or other	None None □
	13	or non-financial	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:	12/12/2021
Your Name:	Gonçalo R. Abecasis
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease
Manuscript Number (if known):	156060-JCI-CMED-RV-2

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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	

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

	advocacy group, paid or unpaid		
11	Stock or stock options	None Stockholder of Regeneron	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None 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.		
	recruity that i have	answered every question and have not aftered the wording of any of the questions of this form.	

Date:	12/10/2021
Your Name:	David A. Williams, MD
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease
Manuscript Number (if known):	156060-JCI-CMED-RV-2

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None ■	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Bluebird bio Orchard Therapeutics	Prior research funding for research in hemoglobinopathies For X-SCID; provided GMP vector for clinical trial. Potential for future royalty/milestone income

3	Royalties or licenses	□ None	
		Bluebird bio	BCH licensed certain IP relevant to hemoglobinopathies to bluebird bio. The current license includes the potential for future royalty/milestone income. Bluebird has indicated they will not pursue this as a clinical program and BCH is negotiating return of IP. Received payment in past through BCH institutional licensing agreement.
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	⊠ None	
	travel		
8	Patents planned, issued or pending	⊠ None	

9	Participation on a Data Safety Monitoring	□ None	
	Board or	Geneception	Scientific Advisory Board
	Advisory Board	Biomarin	Insertion Site Advisory Board
		Bluebird Bio	Insertion Site Analysis Advisory Board
		Beam Therapeutics	Scientific Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Orchard Therapeutics Novartis Alerion Biosciences (now licensed to Avro Bio) Emerging Therapy Solutions	Co-founder and SAB, Orchard Therapeutics; SAB position ended 5/20 Steering Committee, Novartis ETB115E2201 (eltrombopeg in pediatric aplastic anemia). Advisory fees donated to NAPAAC Co-Founder, potential for future milestones/royalties Chief Scientific Chair
11	Stock or stock options	None ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None Bluebird Bio	provided GMP vector for SCD clinical trial
13	Other financial or non-financial interests	⊠ None	
Dless-	place on ((VI) words	a black fallowing statement to indicate ways are	
Please ⊠	ase 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.		
	, and and and		

	ICMJE DISCLOSURE FORM			
Date:			12/9/2021	
Your Name:			Pradeep Natarajan	
Manuscript Title:			Clonal Hematopoiesis in Sickle Cell Disease	
	nuscript Number (if k	(nown):	156060-JCI-CMED-RV-2	
		,.	150000 JOI CIVIED IV E	
content of your manuscript. "Rel affected by the content of the ma		ript. "Rela of the mai	ated" means any relation with for-profit or no	s/interests listed below that are related to the t-for-profit third parties whose interests may be at to transparency and does not necessarily indicate it is preferable that you do so.
epi	· ·	nsion, you		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if
	tem #1 below, report me for disclosure is th			thout time limit. For all other items, the time
			ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g.,	⊠ N∈	one	
	funding, provision of study materials,			
	medical writing,	-		Click the tab key to add additional rows.
	article processing	<u> </u>		
	charges, etc.)			
	No time limit for this item.			
			Ti (
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not	□ No	ne	
	indicated in item	Amgen		Payments to institution
	#1 above).	NIH NII		Payments to institution
		NIH NH		Payments to institution
		I 	ment of Energy	Payments to institution
			ion Leducq	Payments to institution
		AstraZe	eneca	Payments to institution
		Apple		Payments to institution
	1	Boston	Scientific	Payments to institution

Payments to institution

Novartis

3	Royalties or licenses	⊠ None	
4	Consulting fees	Apple AstraZeneca Black Stone Life Sciences Genexwell Foresite Labs Novartis Roche/Genentech TenSixteen Bio	Payments made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Allelica	Payment made to me
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	⊠ None	

	Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
11	Stock or stock options	□ None TenSixteen Bio
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None Spouse employed by Vertex
Plea:		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions on this form.

Date:	12/10/2021
Your Name:	Alexander Bick
Manuscript Title:	Clonal Hematopoiesis in Sickle Cell Disease
Manuscript Number (if known):	156060-JCI-CMED-RV-2

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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	

4	Consulting fees		
		□ None	
		TenSixteen Bio	To Me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript	None ■	
	writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
	traver		
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or	None ■	
	Advisory Board		
10	Leadership or fiduciary role in other board,	⊠ None	
	society, committee or		
		<u> </u>	

	advocacy group, paid or unpaid	
11	Stock or stock options	□ None TenSixteen Bio □ To Me
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Clonal Hematopoiesis in Sickle Cell Disease

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