

ICMJE DISCLOSURE FORM

Date: 1/19/2025

Your Name: Jaroslav P. Maciejewski

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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

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ICMJE DISCLOSURE FORM

Date: 1/20/2025

Your Name: Jani Huuhtanen

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 1/20/2025

Your Name: Valeria Visconte

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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Date: 1/22/2025

Your Name: Serhan Unlu

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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Date: 1/21/2025

Your Name: Luca Guarnera

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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Date: 1/20/2025

Your Name: Carmelo Gurnari

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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Dr. Carmelo Gurnari

MD PhD



ICMJE DISCLOSURE FORM

Date: 1/19/2025

Your Name: Satu Mustjoki

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

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Date: 1/19/2025

Your Name: Arda Durmaz

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

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Your Name: Simona Pagliuca

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Your Name: Yasuo Kubota

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ICMJE DISCLOSURE FORM

Date: 1/19/2025

Your Name: Arooj Ahmed

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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

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ICMJE DISCLOSURE FORM

Date: 1/19/2025

Your Name: Mark Orland

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 1/19/2025

Your Name: Olisaemeka Ogbue

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 1/19/2025

Your Name: Zachary Brady

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 1/19/2025

Your Name: Michaela Witt

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

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

ICMJE DISCLOSURE FORM

Date: 1/19/2025

Your Name: Christopher Haddad

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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

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

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ICMJE DISCLOSURE FORM

Date: 1/19/2025

Your Name: Nakisha D. Williams

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 1/19/2025

Your Name: Aashray Mandala

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 1/19/2025

Your Name: Naomi Kawashima

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 1/19/2025

Your Name: Carlos Bravo-Perez

Manuscript Title: Immunogenomic crossroads between errors of immunity, clonal T-cell expansions, and large granular lymphocytic leukemia

Manuscript Number (if known): 184431-JCI-CMED-1

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

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

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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