

ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Astha Thakkar

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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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Date: Mar. 30th, 2021

Your Name: Zhu Cui

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

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Date: Mar. 30th, 2021

Your Name: Stephen Zachary Peeke

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

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Date: Mar. 30th, 2021

Your Name: Nishi Shah

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

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Date: Mar. 30th, 2021

Your Name: Kith Pradhan

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

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Date: Mar. 30th, 2021

Your Name: Amanda Lombardo

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

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Date: Mar. 30th, 2021

Your Name: Fariha Khatun

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

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Date: Mar. 30th, 2021

Your Name: Jennat Mustafa

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

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Date: Mar. 30th, 2021

Your Name: Alyssa De Castro

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

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Date: Mar. 30th, 2021

Your Name: Kailyn Gillick

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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☒ X ☐ 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: Mar. 30th, 2021

Your Name: Felisha Joseph

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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: Mar. 30th, 2021

Your Name: Anjali Naik

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Shafia Rahman

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Angelica D'Aiello

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Richard Elkind

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Susan Sakalian

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Karen Fehn

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Karen Wright

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Michelly Abreu

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Latoya Townsend Nugent

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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None.

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☒ X 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: Mar. 30th, 2021

Your Name: Nicole Chambers

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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: Mar. 30th, 2021

Your Name: Rosmi Mathew

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Donika Binakaj

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Randin Nelson

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Carlo Palesi

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Monika Paroder

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Joan Uehlinger

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Yanhua Wang

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Yang Shi

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Xingxing Zang

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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			
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

☒ X **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: Mar. 30th, 2021

Your Name: Hao Wang

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Christopher Nishimura

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Xiaoxin Ren

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

☒ X 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: Mar. 30th, 2021

Your Name: Ulrich G. Steidl

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	GlaxoSmithKline	
		Bayer Healthcare	
		Aileron Therapeutics	
		Novartis	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	GlaxoSmithKline	
		BayerHealthcare	
		Novartis	
		Celgene	
		Aileron Therapeutics	
		Stelexis Therapeutics	
		Pieris Pharmaceuticals	
		Vor BioPharma	
		Trillium Therapeutics	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Stelexis Therapeutics	Scientific co-founder, and member of board of directors
11	Stock or stock options	Stelexis Therapeutics	Equity interest as a scientific co-founder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Dr. Steidl has received research funding from GlaxoSmithKline, Bayer Healthcare, Aileron Therapeutics, Novartis, has received compensation for consultancy services and for serving on scientific advisory boards from GlaxoSmithKline, Bayer Healthcare, Novartis, Celgene, Aileron Therapeutics, Stelexis Therapeutics, Pieris Pharmaceuticals, Vor Biopharma, and Trillium Therapeutics, and has equity ownership in and is serving on the board of directors of Stelexis Therapeutics.

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

 X 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: Mar. 30th, 2021

Your Name: Kira Gritsman

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Research funding from iOnctura, SA	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Dr. Gritsman has received Research funding from iOnctura, SA.

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

☒ X ☐ 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: Mar. 30th, 2021

Your Name: Murali Janakiram

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Noah Kornblum

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Olga Derman

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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ICMJE DISCLOSURE FORM

Date: Mar. 30th, 2021

Your Name: Ioannis Mantzaris

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

☒ X 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: Mar. 30th, 2021

Your Name: Aditi Shastri

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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			
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Guidepoint & GLG	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<div> <div>OncLive</div> <div>Kymera Therapeutics</div> </div>	<div> <div>honoraria</div> <div>research funding</div> </div>
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Dr. Shastri has received research funding from Kymera Therapeutics, consultancy fees from Guidepoint & GLG, honoraria from OncLive (in the past 36 months).

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

☒ X ☐ 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: Mar. 30th, 2021

Your Name: Rachel Bartash

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

☒ X ☐ 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: Mar. 30th, 2021

Your Name: Yoram Puius

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

☒ X ☐ 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: Mar. 30th, 2021

Your Name: Margaret McCort

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

☒ X ☐ 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: Mar. 30th, 2021

Your Name: Mendel Goldfinger

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

☒ X ☐ 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: Mar. 30th, 2021

Your Name: Lizamarie Bachier-Rodriguez

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

☒ X ☐ 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: Mar. 30th, 2021

Your Name: Amit Verma

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	GlaxoSmithKline, BMS, Janssen, Incyte, MedPacto, Celgene, Novartis, Curis, Prelude and Eli Lilly	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	Stelexis	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Dr. Verma has received research funding from GlaxoSmithKline, BMS, Janssen, Incyte, MedPacto, Celgene, Novartis, Curis, Prelude and Eli Lilly and Company, has received compensation as a scientific advisor to Novartis, Stelexis Therapeutics, Acceleron Pharma, and Celgene, and has equity ownership in Throws Exception and Stelexis Therapeutics.

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: Mar. 30th, 2021

Your Name: Ira Braunschweig

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

☒ X ☐ 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: Mar. 30th, 2021

Your Name: R. Alejandro Sica

Manuscript Title: Patterns of leukocyte recovery predict infectious complications after CD19 CAR-T cell therapy in a real-world setting

Manuscript number (if known): SCI-2021-008

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

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