Date:

Your Name:

Manuscript Title: Translational Advances in the Treatment of Childhood Acute Lymphoblastic Leukemia: Review of

**Current and Emerging Molecular and Immunotherapies** 

Manuscript number (if known): TP-22-656

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	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	None		
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7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
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9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	None		
11	Stock of Stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
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Date: 1/13/2023

Your Name: Jeremy Connors

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3	Royalties or licenses	None	
4	Consulting fees	None	

_	Payment or honoraria for	None		
5	lectures, presentations,	None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
12	Services Other financial or non-	Nana		
13	financial interests	None		
	illialiciai liiterests			
Dlo	assa summariza tha above o	onflict of interest in the following box:		
ric	ase summarize the above C	offile of filterest in the following box.		
Plم	ase place an "X" next to the	e following statement to indicate your agreement:		
	_ I certify that I have answe	red every question and have not altered the wording of any of the qu	estions on	
thi	this form.			

Sajad Khazal

Date:

Your Name:

Manuscript Title: Translational Advances in the Treatment of Childhood Acute Lymphoblastic Leukemia: Review of

**Current and Emerging Molecular and Immunotherapies** 

Manuscript number (if known): TP-22-656

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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	
		Time frame: past	36 months
2	Grants or contracts from	None None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

_	Daymanh an harraria fa	None		
5	Payment or honoraria for lectures, presentations,	None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
•	<b>D</b>			
9	Participation on a Data	None		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	None		
10	in other board, society,	None		
	committee or advocacy		+	
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	None		
13	financial interests	None		
	mianicial interests			
Ple	ease summarize the above co	onflict of interest in the	following box:	
			-	
Ple	ease 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			
thi	this form.			

Date:

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_	Daymanh an harraria fa	Name				
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	manuscript writing or					
	educational events					
6	Payment for expert	None				
	testimony					
7	Support for attending	None				
	meetings and/or travel					
8	Patents planned, issued or	None				
	pending					
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9	Participation on a Data	None				
	Safety Monitoring Board or Advisory Board					
10	Leadership or fiduciary role	None				
10	in other board, society,	None				
	committee or advocacy					
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11	Stock or stock options	None				
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	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	None				
13	financial interests	None				
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Ple	ease summarize the above co	onflict of interest in the f	ollowing box:			
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Ple	ease 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.						