υaτ	e:Aug. 15", 2021		
Υοι	ır Name:Weimir	Huang	
Ma	nuscript Title։ Partial Immu	inoparesis Contributes to	Risk of Early Infections in Patients with Multiple Myeloma
Ma	nuscript number (if known):TCR-21-1627	
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	nuscript only.		
me In i	dication, even if that medic	cation is not mentioned in	e all relationships with manufacturers of antihypertensive the manuscript. The manuscript without time limit. For all other items
		I II	
		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 initi	al 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.	XNone	
		Time frame: pas	st 36 months
: [Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
,	Royalties or licenses	XNone	
	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_ XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	ease summarize the above o	onflict of interest in the fo	ollowing box:

Da	te: <u>Aug. 15th, 2021</u>		
Yo	ur Name:Xiaolei	Wei	
		-	Risk of Early Infections in Patients with Multiple Myeloma
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items
		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 initia	al 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.	_XNone	
2	Grants or contracts from any entity (if not indicated	Time frame: pas	t 36 months
3	in item #1 above). Royalties or licenses	XNone	

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Consulting fees

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_None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X _None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above o	onflict of interest in the fo	llowing box:

Da	te:Aug. 15 th , 2021		
	ur Name:Qi Wei_		
	•	•	Risk of Early Infections in Patients with Multiple Myeloma
Ma	nuscript number (if known):TCR-21-1627	
relapanto in relations in	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, ationship/activity/interest, at following questions apply inuscript only. The author's relationships/act the epidemiology of hypertedication, even if that medication, even if that medication.	manuscript. "Related" me e affected by the content of necessarily indicate a bias, it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare cation is not mentioned in	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	time trame for disclosure i	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 initia	ol 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.	_ XNone	
		Time frame: past	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
}	Royalties or licenses	XNone	
ŀ	Consulting fees	XNone	

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Command for althought and	V None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_ XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. None	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	XNONE	
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Ple	ease summarize the above c	onflict of interest in the	following box:
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	None.		
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υaτ	e: <u>Aug. 15", 2021</u>		
Υοι	ır Name:Yongqia	ang Wei	
Ma	nuscript Title: Partial Immu	inoparesis Contributes to	Risk of Early Infections in Patients with Multiple Myeloma
Ma	nuscript number (if known):TCR-21-1627	
rela par to t	ited to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	following questions apply	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
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	tem #1 below, report all su time frame for disclosure i		ed in this manuscript without time limit. For all other items
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
		Time frame: Since the initi	al planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
j	medical writing, article		
ļ	processing charges, etc.)		
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		Time frame: pas	st 36 months
	Grants or contracts from	XNone	St 30 Months
į	any entity (if not indicated		
	in item #1 above).		
	Royalties or licenses	XNone	
	Consulting fees	X None	

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

Dat	:e:Aug. 15 th , 2021		
	ır Name:Ru Feng		
Ma	nuscript Title: Partial Immu	noparesis Contributes to	Risk of Early Infections in Patients with Multiple Myeloma
Ma	nuscript number (if known)	:TCR-21-1627	
In t rela par to t rela The ma The to t me	he interest of transparency ated to the content of your ties whose interests may be transparency and does not entionship/activity/interest, a following questions apply nuscript only. The author's relationships/activity entionships activity of hypertodication, even if that medication, even if that medication.	we ask you to disclose all manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare ation is not mentioned in pport for the work reported.	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment if you are in doubt about whether to list a o so. In sips/activities/interests as they relate to the current in the cu
		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: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
l l	Consulting fees	_ XNone	

5	Payment or honoraria for	_ XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	_ ^None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	_ XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	e following box:
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	None.		