

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Silvia

2. Surname (Last Name)
Arcangeli

3. Date
16-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ettore Biagi

5. Manuscript Title
"Switchable chimeric antigen receptor T cells: a novel universal chimeric antigen receptor platform for a safe control of T-cell activation"

6. Manuscript Identifying Number (if you know it)

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Dr. Arcangeli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Chiara F.

2. Surname (Last Name)
Magnani

3. Date
16-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ettore Biagi

5. Manuscript Title
"Switchable chimeric antigen receptor T cells: a novel universal chimeric antigen receptor platform for a safe control of T-cell activation"

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1. Given Name (First Name)
Sarah

2. Surname (Last Name)
Tettamanti

3. Date
16-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ettore Biagi

5. Manuscript Title
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Biagi

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