

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Definitions.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Carlos

2. Surname (Last Name)

Ramos

3. Date

03-March-2016

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Immunological and Clinical Responses in Patients Receiving T Lymphocytes Selectively Targeting Malignancy-Associated κ Light Chains

6. Manuscript Identifying Number (if you know it)

86000-JCI-CMED-RV-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NCI grant 3P50CA126752	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leukemia and Lymphoma Society Specialized Center of Research (grant 7018)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☒ Yes ☐ No

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
κ-CAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Ramos reports grants from NCI grant 3P50CA126752, grants from Leukemia and Lymphoma Society Specialized Center of Research (grant 7018), during the conduct of the study; In addition, Dr. Ramos has a patent κ-CAR pending.

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Section 1. Identifying Information

1. Given Name (First Name) Barbara	2. Surname (Last Name) Savoldo	3. Date 03-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carlos A. Ramos/Gianpietro Dotti
5. Manuscript Title Immunological and Clinical Responses in Patients Receiving T Lymphocytes Selectively Targeting Malignancy-Associated κ Light Chains		
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Celgene Corporation and Bluebird Bio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Collaborative Research Agreement

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Section 1. Identifying Information

1. Given Name (First Name)

Vicky

2. Surname (Last Name)

Torrano

3. Date

04-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Carlos A. Ramos/Gianpietro Dotti

5. Manuscript Title

Immunological and Clinical Responses in Patients Receiving T Lymphocytes Selectively Targeting Malignancy-Associated κ Light Chains

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Dr. Torrano has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Huimin	2. Surname (Last Name) Zhang	3. Date 03-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carlos A. Ramos/Gianpietro Dotti
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Dr. Ballard has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Olga

2. Surname (Last Name)
Dakhova

3. Date
04-March-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Carlos A. Ramos/Gianpietro Dotti

5. Manuscript Title

Immunological and Clinical Responses in Patients Receiving T Lymphocytes Selectively Targeting Malignancy-Associated κ Light Chains

6. Manuscript Identifying Number (if you know it)

86000-JCI-CMED-RV-2

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Dakhova has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Enli	2. Surname (Last Name) Liu	3. Date 04-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carlos A. Ramos/Gianpietro Dotti
5. Manuscript Title Immunological and Clinical Responses in Patients Receiving T Lymphocytes Selectively Targeting Malignancy-Associated κ Light Chains		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) George	2. Surname (Last Name) Carrum	3. Date 03-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carlos A. Ramos/Gianpietro Dotti
5. Manuscript Title Immunological and Clinical Responses in Patients Receiving T Lymphocytes Selectively Targeting Malignancy-Associated κ Light Chains		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rammurti	2. Surname (Last Name) Kamble	3. Date 03-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carlos A. Ramos/Gianpietro Dotti
5. Manuscript Title Immunological and Clinical Responses in Patients Receiving T Lymphocytes Selectively Targeting Malignancy-Associated κ Light Chains		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Kamble has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Adrian	2. Surname (Last Name) Gee	3. Date 03-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carlos A. Ramos/Gianpietro Dotti
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Gee has nothing to disclose.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Zhuyong

2. Surname (Last Name)

Mei

3. Date

03-March-2016

4. Are you the corresponding author?

☐ Yes ☒ No

5. Manuscript Title

Immunological and Clinical Responses in Patients Receiving T Lymphocytes Selectively Targeting Malignancy-Associated κ Light Chains

6. Manuscript Identifying Number (if you know it)

86000-JCI-CMED-RV-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

If yes, please fill out the appropriate information below.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Mei has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Meng-Fen

2. Surname (Last Name)

Wu

3. Date

03-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Carlos A. Ramos/Gianpietro Dotti

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Immunological and Clinical Responses in Patients Receiving T Lymphocytes Selectively Targeting Malignancy-Associated κ Light Chains

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Dr. Wu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Hao

2. Surname (Last Name)

Liu

3. Date

04-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Carlos A. Ramos/Gianpietro Dotti

5. Manuscript Title

Immunological and Clinical Responses in Patients Receiving T Lymphocytes Selectively Targeting Malignancy-Associated κ Light Chains

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Bambi

2. Surname (Last Name)

Grilley

3. Date

04-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Carlos A. Ramos/Gianpietro Dotti

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☐ Yes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Cliona

2. Surname (Last Name)

Rooney

3. Date

03-March-2016

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☐ Yes ☒ No

Corresponding Author's Name

Carlos A. Ramos/Gianpietro Dotti

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Dr. Rooney has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) malcolm	2. Surname (Last Name) Brenner	3. Date 03-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carlos A. Ramos/Gianpietro Dotti
5. Manuscript Title Immunological and Clinical Responses in Patients Receiving T Lymphocytes Selectively Targeting Malignancy-Associated κ Light Chains		
6. Manuscript Identifying Number (if you know it) 86000-JCI-CMED-RV-2		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Celgene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bluebird Bio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SAB member; stock options

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Tessa Therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SAB member; stock options
Unum Therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SAB member

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Nantkwest	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SAB member
Poseyda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SAB member

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Patent for GD2 CARs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BCM	

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Brenner reports grants from Celgene, personal fees from Bluebird Bio, during the conduct of the study; personal fees from Tessa Therapeutics, personal fees from Unum Therapeutics, personal fees from Nantkwest, personal fees from Poseyda, outside the submitted work; In addition, Dr. Brenner has a patent Patent for GD2 CARs with royalties paid to BCM.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Helen	2. Surname (Last Name) Heslop	3. Date 03-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carlos A. Ramos/Gianpietro Dotti
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Cell Medica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Viracyte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Founder

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Heslop reports grants from Celgene, other from Cell Medica, other from Viracyte, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Gianpietro

2. Surname (Last Name)

Dotti

3. Date

03-March-2016

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Immunological and Clinical Responses in Patients Receiving T Lymphocytes Selectively Targeting Malignancy-Associated κ Light Chains

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NCI grant 3P50CA126752	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leukemia and Lymphoma Society Specialized Center of Research (grant 7018)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Celgene Corporation and Bluebird Bio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Collaborative Research Agreement

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☒ Yes ☐ No

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
κ-CAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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