ICMJE

## 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".

## 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.
Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.
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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.

Use this section to report 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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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

[^0]
## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)

Cameron
4. Are you the corresponding author?
2. Surname (Last Name) Turtle
3. Date

29-January-2016
5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it)

85309-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 $\square$ 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 <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :--- | :--- |
| Juno Therapeutics | $\square$ | $\square$ | $\square$ | $\square$ | Juno partially funded the study and <br> provided research funding. |

## Section 3. <br> 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 $\mathbf{3 6}$ months prior to publication.
Are there any relevant conflicts of interest? $\quad \checkmark$ Yes $\quad \square$ No
If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :---: | :--- |
| Juno Therapeutics | $\boxed{\checkmark}$ | $\square$ | $\square$ | $\boxed{ }$Research funding, payment for <br> membership on advisory boards |  |

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## Section 4.

## Intellectual Property -- Patents \& Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\square$ Yes $\square$ 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 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Dr. Turtle is a named inventor on at <br> least one patent application related <br> to the work | $\boxed{\square}$ | $\square$ | $\square$ | $\square$ | $\square$ |  |

## 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?Yes, the following relationships/conditions/circumstances are present (explain below):No other relationships/conditions/circumstances that present a potential conflict of interest

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## Disclosure Statement

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Dr. Turtle reports grants from Juno Therapeutics, during the conduct of the study; grants and other from Juno Therapeutics, outside the submitted work; In addition, Dr. Turtle is a named inventor on at least one patent application related to the work.

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[^1]
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## Identifying Information



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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\square$ Yes No

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Dr. Hanafi reports grants from Juno Therapeutics, during the conduct of the study; .

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[^2]
## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1.

## Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) <br> Berger | 3. Date <br> Carolina |
| :--- | :--- | :--- |
| 30-January-2016 |  |  | ( Are you the corresponding author? $\quad \square$ Yes $\square$ No $\quad$| Corresponding Author's Name |
| :--- |
| Cameron Turtle |

## 5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it)

85309-JCI-CMED-RV-2

## Section 2. <br> The Work Under Consideration for Publication

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| Name of Institution/Company | Grant? | Personal <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :---: | :--- |
| Juno Therapeutics | $\square$ | $\square$ | $\square$ | $\square$ | Research funding |

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| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| TID 07-014: <br> Derivation of Effector T cells from <br> Central Memory Cells for Adoptive <br> Immunotherapy to Confer Persistent <br> and Functional Immunity | $\square$ | $\square$ | $\square$ | $\square$ | lirrevocably disclaimed $100 \%$ <br> of my interest in equity rights <br> in November 2015 and do no <br> longer receive royalties since <br> then. |  |

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Dr. reports grants from Juno Therapeutics, during the conduct of the study; In addition, Dr. has a patent TID 07-014 licensed.

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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) Ted
2. Are you the corresponding author?
3. Surname (Last Name) Gooley
4. Date

02-February-2016Yes $\square$ No

## Corresponding Author's Name

Cameron Turtle
5. Manuscript Title

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)

Sindhu
2. Surname (Last Name) Cherian
3. Date

19-January-2016
4. Are you the corresponding author?Yes No
Corresponding Author's Name Cameron Turtle
5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
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Dr. Cherian reports grants from Juno Therapeutics, during the conduct of the study; .

## Evaluation and Feedback

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

[^3]
## Section 1.

## Identifying Information

1. Given Name (First Name)
Michael
2. Are you the corresponding author?
3. Surname (Last Name) Hudecek
4. Date

01-February-2016

## Corresponding Author's Name

Cameron Turtle
5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it)

85309-JCI-CMED-RV-2

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?
 Yes $\square$ 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 <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :--- | :--- |
| Juno Therapeutics | $\square$ | $\square$ | $\square$ | $\square$ | Research funding |

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Are there any relevant conflicts of interest? $\quad \square$ Yes $\quad \checkmark$ No

## Section 4. Intellectual Property -- Patents \& Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?Yes $\square$ 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.

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## Section 5.

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Dr. Hudecek reports grants from Juno Therapeutics, during the conduct of the study; In addition, Dr. Hudecek has a patent related to CAR technologies that has been filed by Fred Hutch and licensed by JUNO Therapeutics pending.

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[^4]
## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. <br> Identifying Information

1. Given Name (First Name)
Daniel
2. Are you the corresponding author?
3. Surname (Last Name) Sommermeyer
4. Date

02-February-2016

## $\square \mathrm{Yes}$ <br> Corresponding Author's Name

Cameron Turtle

## 5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it) 85309-JCI-CMED-RV-2

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Are there any relevant conflicts of interest? $\quad \checkmark$ Yes $\quad \square$ No
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## Section 4.

Intellectual Property -- Patents \& Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\square$ Yes $\square \checkmark$ No

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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)

Katherine
4. Are you the corresponding author?
5. Manuscript Title
CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it)
85309-JCI-CMED-RV-2
2. Surname (Last Name)

Melville
3. Date 01-February-2016

Corresponding Author's Name
Cameron Turtle

## Section 2. <br> The Work Under Consideration for Publication

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| Name of Institution/Company | Grant? | Personal <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :--- | :--- |
| Juno Therapeutics | $\square$ | $\square$ | $\square$ | $\square$ | Research funding |

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

## 1. Given Name (First Name) Barbara

4. Are you the corresponding author?

## 2. Surname (Last Name)

Pender
3. Date 01-February-2016

## $\square$ Yes $\quad \checkmark$ No Corresponding Author's Name

 Cameron Turtle5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1.

## Identifying Information

1. Given Name (First Name) Tanya

## 2. Surname (Last Name) Budiarto

3. Date

01-February-2016
4. Are you the corresponding author? $\quad \square$ Yes $\quad \square$ No Corresponding Author's Name

Cameron Turtle

## 5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
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## Section 6.

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Dr. Budiarto reports grants from Juno Therapeutics, during the conduct of the study;

## Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)
Emily
2. Are you the corresponding author?


Robinson
3. Date 01-February-2016

## Corresponding Author's Name

Cameron Turtle
5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it)

85309-JCI-CMED-RV-2

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Are there any relevant conflicts of interest? $\square$ Yes $\square$ 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 <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :--- | :--- |
| Juno Therapeutics | $\square$ | $\square$ | $\square$ | $\square$ | Research funding |

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Emily Robinson reports grants from Juno Therapeutics, during the conduct of the study;

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[^5]
## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1.

## Identifying Information

1. Given Name (First Name)
Natalia
2. Are you the corresponding author?
3. Surname (Last Name)

Steevens
3. Date

29-January-2016

## Corresponding Author's Name

Cameron Turtle
5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it)

85309-JCI-CMED-RV-2

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Are there any relevant conflicts of interest?
 Yes $\square$ No
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| Name of Institution/Company | Grant $^{?}$Personal <br> Fees? | Non-Financial <br> Support? | Other? | Comments |  |
| :--- | :---: | :---: | :---: | :--- | :--- |
| Juno Therapeutics | $\square$ | $\square$ | $\square$ | $\square$ | Research funding |

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[^6]
## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1.

## Identifying Information

1. Given Name (First Name)
Colette
2. Are you the corresponding author?

## 2. Surname (Last Name) <br> Chaney

3. Date

01-February-2016Yes No
}

Cameron Turtle
5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it)

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| Juno Therapeutics | $\boxed{\checkmark}$ | $\square$ | $\square$ | $\square$ | Research funding |

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```
No
```


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[^7]
## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1.

## Identifying Information

1. Given Name (First Name)
Lori
2. Are you the corresponding author?
3. Surname (Last Name)

Soma
3. Date

30-January-2016

## Corresponding Author's Name

Cameron Turtle
5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it)

85309-JCI-CMED-RV-2

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| Juno Therapeutics | $\square$ | $\square$ | $\square$ | $\square$ | Research funding |

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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[^8]
## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1.

## Identifying Information

1. Given Name (First Name)

Xueyan

## 2. Surname (Last Name)

Chen
3. Date

02-February-2016
4. Are you the corresponding author?YesNo

## Corresponding Author's Name

Cameron Turtle

## 5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL

## 6. Manuscript Identifying Number (if you know it)

85309-JCI-CMED-RV-2

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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".

## 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.
Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.
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## Intellectual Property.

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

## Relationships not covered above.

5. Use this section to report 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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Other: Anything not covered under the previous three boxes
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patent has been licensed to an entity, whether earning royalties or not
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)

Cecilia
4. Are you the corresponding author?
2. Surname (Last Name)

Yeung
$\square$ Yes $\quad \checkmark$ No Corresponding Author's Name

3. Date

29-January-2016
5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it)

85309-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? $\square$ Yes $\square$ 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 <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :--- | :--- |
| Juno Therapeutics | $\square$ | $\square$ | $\square$ | $\square$ | Research funding |

## Section 3.

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| Name of Entity | Grant $^{?}$ | Personal <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :--- | :--- |
| Gilead | $\square$ | $\square$ | $\square$ | $\square$ | unrelated to research in manuscript |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 4.

## Intellectual Property -- Patents \& Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\square$ Yes $\square$ No

## Section 5.

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Section 6.

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Dr. Yeung reports grants from Juno Therapeutics, during the conduct of the study; grants from Gilead, 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) Brent
2. Are you the corresponding author?
3. Surname (Last Name) Wood
4. Date

31-January-2016

## $\square$ Yes $\quad \checkmark$ No Corresponding Author's Name

 Cameron Turtle5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it)

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| Name of Institution/Company | Grant? | Personal <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :--- | :--- |
| Juno Therapeutics | $\square$ | $\square$ | $\square$ | $\square$ | Research funding |

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1.

## Identifying Information

## 1. Given Name (First Name) <br> Daniel

4. Are you the corresponding author?
5. Surname (Last Name)

Li
3. Date

29-January-2016Yes

Corresponding Author's Name Cameron Turtle

## 5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it)

85309-JCI-CMED-RV-2

## Section 2.

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Are there any relevant conflicts of interest?
 Yes $\square$ 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 <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Juno Therapeutics, Inc. | $\square$ | $\boxed{ }$ | Cr. Li is employed as Head of Clinical <br> Statistics at Juno Therapeutics, Inc., in <br> which Dr. Li also has an equity |  |  |
| interest. Dr. Li's activities in |  |  |  |  |  |
| connection with this paper were |  |  |  |  |  |
| undertaken in his capacity as an |  |  |  |  |  |
| employee of Juno Therapeutics. |  |  |  |  |  |

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| Name of Entity | Grant? | Personal <br> Fees? | Non-Financial Support? | Other? | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Juno Therapeutics, Inc. | $\square$ | $\checkmark$ | $\square$ | $\checkmark$ | Dr. Li is employed as Head of Clinical Statistics at Juno Therapeutics, Inc., in which Dr. Li also has an equity interest. Dr. Li's activities in connection with this paper were undertaken in his capacity as an employee of Juno Therapeutics. |
| Gilead Science | $\square$ | V | $\square$ | $\square$ | Dr. Li was previously employed by Gilead Sciences, Inc., from April, 2012, through December, 2014. This relationship is being listed solely due to Dr. Li's prior employment, within 36 months, by an entity in the general field of oncology, and is not meant to imply that the entity has contributed in any way to, has or has had any interest in, or has influenced in any way, the work presented. |

## Section 4.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\checkmark$ Yes $\square$ No
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## Section 6. Disclosure Statement

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Dr. Li is employed as Head of Clinical Statistics at Juno Therapeutics, Inc., in which Dr. Li also has an equity interest. Dr. Li's activities in connection with this paper were undertaken in his capacity as an employee of Juno Therapeutics.

## Evaluation and Feedback

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[^9]
## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) Jianhong
2. Are you the corresponding author?
3. Surname (Last Name) Cao
4. Date

02-February-2016

## Corresponding Author's Name

Cameron Turtle
5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
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85309-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? $\square$ Yes $\square$ 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 <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :--- | :--- | :--- |
| Juno Therapeutics | $\square$ | $\square$ | $\square$ | $\square$ | Research funding |

## 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 $\mathbf{3 6}$ months prior to publication. Are there any relevant conflicts of interest? $\square$ Yes

## Section 4.

## Intellectual Property -- Patents \& Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\square$ Yes No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

## 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?Yes, the following relationships/conditions/circumstances are present (explain below):No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

## 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. Heimfeld reports grants from Juno Therapeutics, during the conduct of the study; .

## 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

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## 1. Identifying information.

## 2. The work under consideration for publication.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.
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.

## 4. Intellectual Property.

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## Relationships not covered above.

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## Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

[^10]
## Section 1. Identifying Information

1. Given Name (First Name) Michael
2. Surname (Last Name) Jensen
3. Date

02-February-2016
4. Are you the corresponding author?Yes
No
Corresponding Author's Name Cameron Turtle
5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it)

85309-JCI-CMED-RV-2

## Section 2.

## The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? $\quad \checkmark$ Yes $\quad \square$ 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 <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :---: | :--- | :--- |
| Juno Therapeutics, Inc. | $\boxed{ }$ | $\square$ | $\square$ | $\boxed{l}$ | Research funding, Equity, Consulting, |
| Scientific Advisory Board, Sponsored <br> Research Agreements |  |  |  |  |  |

## Section 3.

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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 $\mathbf{3 6}$ months prior to publication.
Are there any relevant conflicts of interest? $\square$
$\square$ No
If yes, please fill out the appropriate information below.

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| :--- | :---: | :---: | :---: | :---: | :--- | :--- |
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 4. Intellectual Property -- Patents \& Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\square$ Yes $\square$ 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 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Enhanced CD19-Specific Chimeric <br> Antigen Receptor Based on <br> Optimization of Extracellular Spacer <br> Length | $\square$ | $\square$ | $\square$ | $\square$ |  |  |
| Defined Composition Gene Modified <br> TCell Products | $\square$ | $\square$ | $\square$ | $\square$ | FCRC |  |

## Section 5.

## Relationships not covered above

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$\checkmark$ No other relationships/conditions/circumstances that present a potential conflict of interest

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## Section 6.

## Disclosure Statement

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Dr. Jensen reports grants and other from Juno Therapeutics, Inc., during the conduct of the study; grants and other from Juno Therapeutics, Inc., outside the submitted work; In addition, Dr. Jensen has a patent Enhanced CD19-Specific Chimeric Antigen Receptor Based on Optimization of Extracellular Spacer Length licensed to FHCRC, and a patent Defined Composition Gene Modified T Cell Products licensed to SCRI.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

[^11]
## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1.

## Identifying Information

1. Given Name (First Name)

Stanley
2. Surname (Last Name) Riddell
3. Date

29-January-2016
4. Are you the corresponding author?Yes Corresponding Author's Name Cameron Turtle
5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
6. Manuscript Identifying Number (if you know it) 85309-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? $\quad \checkmark$ Yes $\quad \square$ 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 <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :---: | :--- |
| Juno Therapeutics | $\boxed{\checkmark}$ | $\square$ | $\square$ | $\square$ | Research funding, equity |

## 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 $\mathbf{3 6}$ months prior to publication.
Are there any relevant conflicts of interest?

$\square$ No
If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :--- | :--- |
| Cell Medica | $\square$ | $\square$ | $\square$ | $\square$ | advisory board |
| Adaptive Biotechnology | $\square$ | $\square$ | $\square$ | $\square$ advisory board |  |

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 4.

## Intellectual Property -- Patents \& Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
 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 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| PCT/US1013/055862 | $\boxed{\square}$ | $\square$ | $\square$ | $\square$ | Juno Therapeutics |  |

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Dr. Riddell reports grants and other from Juno Therapeutics, during the conduct of the study; personal fees from Cell Medica, personal fees from Adaptive Biotechnology, outside the submitted work; In addition, Dr. Riddell has a patent PCT/ US1013/055862 licensed to Juno Therapeutics.

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[^12]ICMIE

## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1.

## Identifying Information

1. Given Name (First Name)

David
2. Surname (Last Name)

Maloney
3. Date

02-February-2016
4. Are you the corresponding author?Yes

Corresponding Author's Name Cameron Turtle
5. Manuscript Title

CD19 CAR-T cells of defined CD4+:CD8+ composition for adult B-cell ALL
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| :--- | :---: | :---: | :---: | :--- | :--- |
| Juno Therapeutics | $\square$ | $\square$ | $\square$ | $\square$ | Research funding |

## Section 3. <br> Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? $\quad \checkmark$ Yes $\quad \square$ No
If yes, please fill out the appropriate information below.

| Name of Entity | Grant? $^{?}$ | Personal <br> Fees? | Non-Financial <br> Support? | Other? | Comments |
| :--- | :---: | :---: | :---: | :--- | :--- |
| Pharmacyclics/Janssen | $\square$ | $\square$ | $\square$ | $\square$ | consultant honorarium |
| Roche/Genentech | $\square$ | $\square$ | $\square$ | $\square$ | consultant honorarium |
| Seattle Genetics | $\square$ | $\boxed{V}$ | $\square$ | $\square$ | consultant honorarium |

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 4.

## Intellectual Property -- Patents \& Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\square$ Yes

## Section 5.

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Dr. Maloney reports grants from Juno Therapeutics, during the conduct of the study; personal fees from Pharmacyclics/ Janssen, personal fees from Roche/Genentech, personal fees from Seattle Genetics, outside the submitted work; .

## Evaluation and Feedback

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[^0]:    Other: Anything not covered under the previous three boxes
    Pending: The patent has been filed but not issued
    Issued: The patent has been issued by the agency
    Licensed: The patent has been licensed to an entity, whether earning royalties or not
    Royalties: Funds are coming in to you or your institution due to your patent

[^1]:    Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued
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    Pending: The patent has been filed but not issued
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