ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name)  
   Sarah

2. Surname (Last Name)  
   Kranick

3. Date  
   24-September-2014

4. Are you the corresponding author?  
   No

   Corresponding Author's Name  
   Thomas Uldrick

5. Manuscript Title  
   Parado{cal Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/114736

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.)?  
   No

Are there any relevant conflicts of interest?  
   No

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.  
   No

Are there any relevant conflicts of interest?  
   No

Section 4: Intellectual Property -- Patents & Copyrights

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

Kranick
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section A. 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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Section B. Disclosure Statement

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

Dr. Kranick has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name) Priscila
2. Surname (Last Name) Goncalves
3. Date 24-September-2014
4. Are you the corresponding author? ☑ No
   Corresponding Author's Name Thomas Uldrick

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? ☑ No

Section 3: Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☑ No

Section 4: Intellectual Property — Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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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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Dr. Goncalves has nothing to disclose.

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**Section 1: Identifying Information**

1. **Given Name (First Name)**: Maryalice  
2. **Surname (Last Name)**: Stetler-Stevenson  
3. **Date**: 24-September-2014

4. **Are you the corresponding author?**  
   - Yes  
   - No  
   **Corresponding Author’s Name**: Thomas Uldrick

**5. Manuscript Title**  
Paradoxiclal Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma

**6. Manuscript Identifying Number (if you know it)**  
HAEMATOL/2014/114736

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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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**Section 4: Intellectual Property — Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes  
- No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Stetler-Stevenson has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name)  
   Karen

2. Surname (Last Name)  
   Aleman

3. Date  
   25-September-2014

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author's Name  
   Thomas Uldrick

5. Manuscript Title  
   Paradoxical Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/114736

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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

If yes, please fill out the appropriate information below.

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<td>MTS-01 for anal cancer</td>
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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?  Yes  No

Aleman
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):

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Ms. Aleman reports non-financial support from Mitos Pharmaceuticals, Inc, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Mark
2. Surname (Last Name)    Polizzotto
3. Date  25-September-2014
4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name  Thomas Uldrick

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

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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Section 5. Relationships not covered above

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Section 5. Disclosure Statement

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Dr. Polizzotto has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name)  
   Richard

2. Surname (Last Name)  
   Little

3. Date  
   25-September-2014

4. Are you the corresponding author?  
   Yes  ☑ No  
   Corresponding Author’s Name  
   Thomas Uldrick

5. Manuscript Title  
   Paradoxical Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/114736

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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

Little
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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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Dr. Little has nothing to disclose.

Evaluation and Feedback

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Section 1: Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Yarchoan

3. Date  
   25-September-2014

4. Are you the corresponding author?  
   Yes [X]  No [ ]  
   Corresponding Author's Name  
   Thomas Uldrick

5. Manuscript Title  
   Paradoxical Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma

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Are there any relevant conflicts of interest?  
   Yes [ ]  No [X]

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Are there any relevant conflicts of interest?  
   Yes [X]  No [ ]

If yes, please fill out the appropriate information below.

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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?  
   Yes [ ]  No [X]
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Section 5. Relationships not covered above

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Dr. Yarchoan reports non-financial support from Celgene Corporation, non-financial support from Mitos Pharmaceuticals, Inc., outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Uldrick

3. Date  
   25-September-2014

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
   Paradoxical Central Nervous System Immune Reconstitution Syndrome in Acquired Immunodeficiency Syndrome-related Primary Central Nervous System Lymphoma

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

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   ☐ Yes  ✔ No

Uldrick
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