

Conflict of Interest Disclosure Form
(to be completed by COSTEM Program Director)

NAME :Nico Gagelmann.....

AFFILIATION: University Medical Center Hamburg-Eppendorf Hamburg, Germany

DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of consultation/ advisory board/ employment fees: BMS, MorphoSys, Stemline

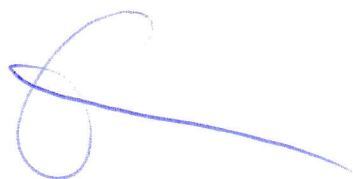
Lecture and/or honoraria fees: BMS, Stemline, Pfizer

Stock shareholder or equity owner:

Patents/royalties:

Other support (please specify): Neovii, Janssen
(Travel)

Signature:



Date: 08.03.2024