

Disclosure form

In the interest of transparency, we require all faculty declare their financial as well as non-financial interests. Please complete the following form, ensuring that declarations are made for the last 3 years and the following 12 months (in case arrangements have already been made).

1. I have received (a) research grant(s)/in kind support from:

A. current sponsor(s)

Yes

No

B. any institution BMS, Celgene, Janssen, Arcellx, Abbvie, Precision Bio,

Yes, please specify Takeda, Collectis, Poseida, Allogene, Nektar

No

2. I have been a speaker or participant in accredited CME/CPD from:

A. current sponsor(s)

Yes

No

B. any institution Medical college of wisconsin

Yes, please specify _____

No

3. I have been a consultant/strategic advisor etc for:

A. current sponsor(s)

Yes

No

B. any institution Bristol Myers Squibb, Celgene, Janssen, Legend Biotech,

Yes, please specify Pfizer, Merck, Oncopeptides, Karyopharm, Abbvie,

Yes, please specify PrecisionBio; Curio Sciences Bio; Astra Zeneca

No

4. I am a holder of (a) patent/shares/stocks or ownership:

A. **related** to presentation

Yes

No

B. **not related** to presentation

Yes, please specify _____

No

5. Do you have any non-financial interests to disclose?

Yes, please specify _____

No

Date: 3/5/2024 | 4:08 PM CST

Title and name: Krina Patel- Associate Professor

Signature: _____

DocuSigned by:
Krina Patel
D033F59B01C74E3

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9E=1344H; 719WWWVWZ Bx] W
DWWWa 1-S eeM 4? E**
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 Yes
 No
B. any institution
 Yes, please specify _____
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 Yes
 No
B. **not related** to presentation
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 Yes, please specify _____
 No

Date:

2/19/24

Title and name:

Sagar Khandelwal

Signature:

[Handwritten Signature]

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B. any institution

Yes, please specify ROCHE, BMS, ABBVIE, NOVARTIS, DANSEN, GILEAD,

No MILFENIY

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B. any institution

Yes, please specify GILEAD, BMS

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Yes, please specify _____

No

Date:

20 Feb. 2014

Title and name:

ULR JOEYENO

Signature:

[Signature]