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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Polina
2. Surname (Last Name)  Stepensky
3. Date  30-July-2014
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Klaus Warnatz
5. Manuscript Title
Extending the clinical and immunological phenotype of human Interleukin-21 receptor deficiency
6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/112508

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Are there any relevant conflicts of interest?  Yes  No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Stepensky 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)  
   Baerbel

2. Surname (Last Name)  
   Keller

3. Date  
   29-July-2014

4. Are you the corresponding author?  
   Yes [ ]  
   No [X]

Corresponding Author’s Name
   Klaus Warnatz

5. Manuscript Title  
   Extending the clinical and immunological phenotype of human Interleukin-21 receptor deficiency

6. Manuscript Identifying Number (if you know it)  
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Dr. Keller has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**  
   Omar

2. **Surname (Last Name)**  
   Abuzaitoun

3. **Date**  
   08-August-2014

4. **Are you the corresponding author?**  
   Yes  
   ✔

5. **Manuscript Title**  
   Extending the clinical and immunological phenotype of human Interleukin-21 receptor deficiency

6. **Manuscript Identifying Number (if you know it)**  
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Yes  

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Yes  

No  

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Dr. Abuzaitoun has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>Avraham</td>
<td>Shaag</td>
<td>30-July-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Shaag has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Barak
2. Surname (Last Name) Yaacov
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Corresponding Author's Name
Klaus Warnatz

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)  
   Susanne

2. Surname (Last Name)  
   Unger

3. Date  
   29-July-2014

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Klaus Warnatz

5. Manuscript Title  
Extending the clinical and immunological phenotype of human Interleukin-21 receptor deficiency

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/112508

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
☑ No

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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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Dr. Keller 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) Maximilian
2. Surname (Last Name) Seidl
3. Date 29-July-2014
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Klaus Warnatz

5. Manuscript Title
Extending the clinical and immunological phenotype of human Interleukin-21 receptor deficiency

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/112508

Section 2. The Work Under Consideration for Publication

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<td>University Medical Center Freiburg</td>
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<td>Federal Ministry of Education and Research Germany</td>
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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. Seidl reports personal fees and non-financial support from University Medical Center Freiburg, personal fees from Federal Ministry of Education and Research Germany, 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) Marta
2. Surname (Last Name) Rizzi
3. Date 04-October-2014
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title Extending the clinical and immunological phenotype of human Interleukin-21 receptor deficiency
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112508

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

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<td>Novartis Stiftung für Klinische Forschung</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Unrestricted research grant</td>
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<tr>
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Dr. Rizzi reports grants from Novartis Stiftung für Klinische Forschung, grants from ASPIRE Pfizer research grant, 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) Michael
2. Surname (Last Name) Weintraub
3. Date 23-July-2014
4. Are you the corresponding author? Yes No ✔

Corresponding Author’s Name
Klaus Warnatz

5. Manuscript Title
Extending the clinical and immunological phenotype of human Interleukin-21 receptor deficiency

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/112508

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Dr. Weintraub 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)  Orly
2. Surname (Last Name)  Elpeleg
3. Date  29-July-2014
4. Are you the corresponding author?  ☑ Yes  No
   Corresponding Author’s Name  Klaus Warnatz
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Dr. Elpeleg has nothing to disclose.

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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. Other relationships.
   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.
Section 1. Identifying Information

1. Given Name (First Name) Klaus
2. Surname (Last Name) Warnatz
3. Effective Date (07-August-2008)
   06-August-2014
4. Are you the corresponding author? Yes No
5. Manuscript Title
   Extending the clinical and immunological phenotype of human Interleukin-21 receptor deficiency
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/112508

Section 2. The Work Under Consideration for Publication

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

Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Name of Entity</th>
<th>Comments**</th>
</tr>
</thead>
</table>

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

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 submission.

Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

Relevant financial activities outside the submitted work
## Relevant financial activities outside the submitted work

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<thead>
<tr>
<th>Type of Relationship (in alphabetical order)</th>
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<td>7. Payment for manuscript preparation</td>
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</tbody>
</table>

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 4. Other relationships

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?

- [x] No other relationships/conditions/circumstances that present a potential conflict of interest
- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):

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.

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### Evaluation and Feedback

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.