Response Summary:

1.. Name
Douglas Sborov

2.. Degree(s)
- MD
- MA / MS / MSc

3.. Primary Employer
University of Utah

4.. Email Address:
douglas.sborov@hci.utah.edu

1a. Primary Investigator (if applicable)
- I am the PI for this project - I and my institution will sign the Data Use Agreement for this project

5.. Select the appropriate box(es) to indicate third party sources from which you or your institution will receive payment or services at any time for any aspect of the proposed research (including but not limited to study design, manuscript preparation, statistical analysis, etc.).
Please note: you do not need to include your primary employer.
- No payment or services will be received by me or my institution for the proposed research

6.. Do you have any patents, whether planned, pending, or issued, broadly relevant to the proposed research?
- No

7.. Select the statement that applies:
- I (and/or my spouse or domestic partner) have a financial relationship or affiliation with commercial interest(s).

7a.. If you (and/or your spouse or domestic partner) have a financial relationship or affiliation with commercial interest(s), please provide details in the table below.

The table asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of influencing, your proposed research.

Place a check in the appropriate boxes to indicate any financial or other relationships (regardless of amount of compensation). Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf during the 36 months prior to this disclosure. This should include all monies from sources with relevance to the proposed work. If there is a question, it is better to disclose a relationship than not to do so.

Use one line for each entity.

1 ***Pfizer***	Grant
2 ***Pfizer***	Personal Fees
3 ***Janssen***	Personal Fees
4 ***GlaxoSmithKline***	Personal Fees
5 ***Sanofi***	Personal Fees
6 ***Abbvie***	Personal Fees
7 ***Bristol Myer Squibb***	Personal Fees
8 ***Bioline***	Personal Fees
9 ***Arcellx***	Personal Fees
10 ***AstraZeneca***	Personal Fees

7b.. Please provide any comments or details on the selections above.
Advisory and consultation

8.. Are there other relationships or activities that others could perceive to have influenced, or that give the appearance of potentially influencing, the research for which you are submitting this form?

- No other relationships/conditions/circumstances exist that present a potential conflict of interest

9.. By signing below, you attest that the information provided is correct
[Click here]

Embedded Data:

N/A