## **ICMJE DISCLOSURE FORM**

Date:	10/8/2023
Your Name:	Amog P. Urs
Manuscript Title:	Remodeling of the Bone Marrow Microenvironment during Acute Myeloid Leukemia progression
Manuscript Number (if known):	ATM-23-1824

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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	funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

## **ICMJE DISCLOSURE FORM**

Date:	10/8/2023
Your Name:	Chinmayee Goda
Manuscript Title:	Remodeling of the Bone Marrow Microenvironment during Acute Myeloid Leukemia progression
Manuscript Number (if known):	ATM-23-1824

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## **ICMJE DISCLOSURE FORM**

Date:	10/8/2023
Your Name:	Rohan Kulkarni
Manuscript Title:	Remodeling of the Bone Marrow Microenvironment during Acute Myeloid Leukemia progression
Manuscript Number (if known):	ATM-23-1824

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