

ICMJE DISCLOSURE FORM

Date: 5/14/2024

Your Name: Ludovic Saba

Manuscript Title: **How We Manage Multiple Myeloma with Clonal Hematopoiesis of Indeterminate Potential (CHIP): A Case Report**

Manuscript Number (if known): ATM-23-1945

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.

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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: 05/21/2024

Your Name: Lewis Fady Nasr

Manuscript Title: How We Manage Multiple Myeloma with Clonal Hematopoiesis of Indeterminate Potential (CHIP): A Case Report

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 5/20/2024

Your Name: Jorge Manrique

Manuscript Title: How We Manage Multiple Myeloma with Clonal Hematopoiesis of Indeterminate Potential (CHIP): A Case Report

Manuscript Number (if known): Click or tap here to enter text.

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Date: 5/20/2024

Your Name: Julia M Diacovo

Manuscript Title: How We Manage Multiple Myeloma with Clonal Hematopoiesis of Indeterminate Potential (CHIP): A Case Report

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ICMJE DISCLOSURE FORM

Date: 5/20/2024

Your Name: Chakra P Chaulagain

Manuscript Title: How We Manage Multiple Myeloma with Clonal Hematopoiesis of Indeterminate Potential (CHIP): A Case Report

Manuscript Number (if known): Click or tap here to enter text.

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