

ICMJE DISCLOSURE FORM

Date: Aug 17, 2021

Your Name: Ding Li

Manuscript Title: Evaluation of reporting quality in clinical practice guidelines for acute myeloid leukemia using the RIGHT checklist

Manuscript number (if known):

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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3	Royalties or licenses	__X__ None	
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Date: Aug 17, 2021

Your Name: Cheng Cheng

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Date: Aug 17, 2021

Your Name: Ziming Wang

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Date: Aug 17, 2021

Your Name: Yi Zhang

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Date: Aug 17, 2021

Your Name: Dongbei Li

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Your Name: Wenping Song

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Your Name: Xuan Wu

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Date: Aug 17, 2021

Your Name: Wenzhou Zhang

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