

ICMJE DISCLOSURE FORM

Date: 2021.8.6
 Your Name: KUN WU
 Manuscript Title: Bioinformatics analysis of high frequency mutations in myelodysplastic syndrome-related patients
 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.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 2021/08/06
 Your Name: Bo Nil
 Manuscript Title: Bioinformatics analysis of high frequency mutations in myelodysplastic syndrome-related patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021.8.6
 Your Name: Li Min Li
 Manuscript Title: Bioinformatics analysis of high frequency mutations in myelodysplastic syndrome-related patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021.8.6

Your Name: XIN YANG

Manuscript Title: Bioinformatics analysis of high frequency mutations in myelodysplastic syndrome-related patients

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021.08.06
 Your Name: Jinrong Yang
 Manuscript Title: Bioinformatics analysis of high frequency mutations in myelodysplastic syndrome-related patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021.8.6
 Your Name: Zhenxin He
 Manuscript Title: Bioinformatics analysis of high frequency mutations in myelodysplastic syndrome-related patients
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Date: 2021.8.6
 Your Name: Yanhong Li
 Manuscript Title: Bioinformatics analysis of high frequency mutations in myelodysplastic syndrome-related patients
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ICMJE DISCLOSURE FORM

Date: 2021.8.6
 Your Name: Shenju Cheng
 Manuscript Title: Bioinformatics analysis of high frequency mutations in myelodysplastic syndrome-related patients
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ICMJE DISCLOSURE FORM

Date: 2021.8.6
 Your Name: Mingxia Shi
 Manuscript Title: Bioinformatics analysis of high frequency mutations in myelodysplastic syndrome-related patients
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ICMJE DISCLOSURE FORM

Date: 2021.8.5
 Your Name: Yun Zeng
 Manuscript Title: Bioinformatics analysis of high frequency mutations in myelodysplastic syndrome-related patients
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8	Patents planned, issued or pending	<u> </u> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<u> </u> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<u> </u> <input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

<p>I certify that I have answered every question and have not altered the wording of any of the questions on form.</p>
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Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.