

## ICMJE DISCLOSURE FORM

Date: November 15, 2021

Your Name: Heng Mei

Manuscript Title: Safety and efficacy of hetrombopag in patients with chronic immune thrombocytopenia: A single-arm, open-label, multi-center phase 1 study

Manuscript number (if known): ATM-21-4361-CL

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## ICMJE DISCLOSURE FORM

Date: November 15, 2021

Your Name: Xiegun Chen

Manuscript Title: Safety and efficacy of hetrombopag in patients with chronic immune thrombocytopenia: A single-arm, open-label, multi-center phase 1 study

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## ICMJE DISCLOSURE FORM

Date: November 15, 2021

Your Name: Jianfeng Zhou

Manuscript Title: Safety and efficacy of hetrombopag in patients with chronic immune thrombocytopenia: A single-arm, open-label, multi-center phase 1 study

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## ICMJE DISCLOSURE FORM

Date: November 15, 2021

Your Name: Jianmin Luo

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## ICMJE DISCLOSURE FORM

Date: November 15, 2021

Your Name: Qingzhi Shi

Manuscript Title: Safety and efficacy of hetrombopag in patients with chronic immune thrombocytopenia: A single-arm, open-label, multi-center phase 1 study

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## ICMJE DISCLOSURE FORM

Date: November 15, 2021

Your Name: Jing Liu

Manuscript Title: Safety and efficacy of hetrombopag in patients with chronic immune thrombocytopenia: A single-arm, open-label, multi-center phase 1 study

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## ICMJE DISCLOSURE FORM

Date: November 15, 2021

Your Name: Depei Wu

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## ICMJE DISCLOSURE FORM

Date: November 15, 2021

Your Name: Guoan Chen

Manuscript Title: Safety and efficacy of hetrombopag in patients with chronic immune thrombocytopenia: A single-arm, open-label, multi-center phase 1 study

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## ICMJE DISCLOSURE FORM

Date: November 15, 2021

Your Name: Yanfei Tai

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ICMJE DISCLOSURE FORM

Date: November 15, 2021  
 Your Name: Junye Xiong  
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	Jiangsu Hengrui Pharmaceuticals Co., Ltd	

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The author is an employee of Jiangsu Hengrui Pharmaceuticals Co., Ltd.

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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: November 15, 2021

Your Name: Jianjun Zou

Manuscript Title: Safety and efficacy of hetrombopag in patients with chronic immune thrombocytopenia: A single-arm, open-label, multi-center phase 1 study

Manuscript number (if known): ATM-21-4361-CL

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## ICMJE DISCLOSURE FORM

Date: November 15, 2021

Your Name: Yu Hu

Manuscript Title: Safety and efficacy of hetrombopag in patients with chronic immune thrombocytopenia: A single-arm, open-label, multi-center phase 1 study

Manuscript number (if known): ATM-21-4361-CL

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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