

ICMJE DISCLOSURE FORM

Date: 1-Jul-2022

Your Name: Juan-Juan Li

Manuscript Title: Changes in patient peripheral blood cell microRNAs after total body irradiation during Hematopoietic stem cell transplantation

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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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	the Military Medical Science and Technology Youth Training Program (No. 18QNP038)	
		Academy of Military Medical Sciences innovation fund (No. 2017CXJJ14)	
		the Open Project Program of the State Key Laboratory of Proteomics (No. SKLP-0202006).	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None	
3	Royalties or licenses	____ None	

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	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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	

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ICMJE DISCLOSURE FORM

Date: 1-Jul-2022

Your Name: Lei Xu

Manuscript Title: Changes in patient peripheral blood cell microRNAs after total body irradiation during hematopoietic stem cell transplantation

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 1-Jul-2022

Your Name: Cheng-Long Wang

Manuscript Title: Changes in patient peripheral blood cell microRNAs after total body irradiation during hematopoietic stem cell transplantation

Manuscript number (if known): _____

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Date: 1-Jul-2022

Your Name: Jing-Wen Niu

Manuscript Title: Changes in patient peripheral blood cell microRNAs after total body irradiation during hematopoietic stem cell transplantation

Manuscript number (if known): _____

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Date: 1-Jul-2022

Your Name: Xuan Zou

Manuscript Title: Changes in patient peripheral blood cell microRNAs after total body irradiation during hematopoietic stem cell transplantation

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Date: 1-Jul-2022

Your Name: Xuan-Qi Feng

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Date: 1-Jul-2022

Your Name: Rong-Jian Lu

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