

ICMJE DISCLOSURE FORM

Date:12/27/2023

Your Name:Li-Ting Yu, MD

Manuscript Title:Factors influencing delayed high-dose methotrexate excretion and its correlation with adverse reactions after treatment in children with malignant hematological tumors

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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Date:12/27/2023

Your Name:Jiayi Shen, MD

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Date:12/27/2023

Your Name:Hao-nan Li, MD

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Date:12/27/2023

Your Name:Min Zhang, MD

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Date: 12/27/2023

Your Name: Zhuo Wang, MD

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Your Name: Yi-Jin Gao, PhD

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