

ICMJE DISCLOSURE FORM

Date: Mar.25th,2021 _____
 YourName: **Chuwen Huang** _____
 Manuscript Title: Hematopoietic stem cell transplantation for thalassemia major using HLA fully-matched and mismatched donor grafts____
 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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.	Chuwen Huang _____ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Chuwen Huang _____ None	
3	Royalties or licenses	Chuwen Huang _____ None	
4	Consulting fees	Chuwen Huang _____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> Chuwen Huang <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> Chuwen Huang <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> Chuwen Huang <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> Chuwen Huang <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> Chuwen Huang <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> Chuwen Huang <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> Chuwen Huang <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> Chuwen Huang <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> Chuwen Huang <input type="checkbox"/> None	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

Chuwen Huang **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: Mar.25th,2021 _____
 YourName: Yuhua Qu _____
 Manuscript Title: Hematopoietic stem cell transplantation for thalassemia major using HLA fully-matched and mismatched donor grafts____
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Yuhua Qu ___ None	
3	Royalties or licenses	Yuhua Qu ___ None	
4	Consulting fees	Yuhua Qu ___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> Yuhua Qu <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> Yuhua Qu <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> Yuhua Qu <input type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> Yuhua Qu <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> Yuhua Qu <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> Yuhua Qu <input type="checkbox"/> None	

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None.

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Yuhua Qu **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: Mar.25th,2021 _____
 YourName: Sha Liu _____
 Manuscript Title: Hematopoietic stem cell transplantation for thalassemia major using HLA fully-matched and mismatched donor grafts____
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Sha Liu ___ None	
3	Royalties or licenses	Sha Liu ___ None	
4	Consulting fees	Sha Liu ___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> Sha Liu <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> Sha Liu <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> Sha Liu <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> Sha Liu <input type="checkbox"/> None	

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None.

Please place an "X" next to the following statement to indicate your agreement:

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

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Date: Mar.25th,2021 _____
 YourName: **Shushan Nie** _____
 Manuscript Title: Hematopoietic stem cell transplantation for thalassemia major using HLA fully-matched and mismatched donor grafts____
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Shushan Nie ___ None	
3	Royalties or licenses	Shushan Nie ___ None	
4	Consulting fees	Shushan Nie ___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> Shushan Nie <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> Shushan Nie <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> Shushan Nie <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> Shushan Nie <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> Shushan Nie <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> Shushan Nie <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> Shushan Nie <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> Shushan Nie <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> Shushan Nie <input type="checkbox"/> None	

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None.

Please place an "X" next to the following statement to indicate your agreement:

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

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Date: Mar.25th,2021 _____
 YourName: **Hua Jiang** _____
 Manuscript Title: Hematopoietic stem cell transplantation for thalassemia major using HLA fully-matched and mismatched donor grafts____
 Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	Hua Jiang ____ None	
4	Consulting fees	Hua Jiang ____ None	

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