Date:18/08/2021	
Your Name: Yu Liu	
Manuscript Title: An isolated childhood myeloid sarcoma with germline MSH6 mutation-a case	
report	_
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 <u>current manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	none	pranning of the work
		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	

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11 S	tock or stock options	None	
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Date:18/08/2021	
Your Name: GuLiBaHa MaiMaiTi	
Manuscript Title: An isolated childhood myeloid sarcoma with germline MSH6 mutation-a case	
report	
Manuscrint number (if known)	

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		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	none	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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Date:18/08/2021	
Your Name:YingBin Yue	
Manuscript Title: An isolated childhood myeloid sarcoma with germline MSH6 mutation-a case	
report	
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).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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	se summarize the above co	onflict of interest in the fo	ollowing box:

Date:18/08/2021	
Your Name:MingWei Li	
Manuscript Title: An isolated childhood myeloid sarcoma with germline MSH6 mutation-a case	
report	_
Manuscript number (if known):	

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	processing charges, etc.)		
	No time limit for this item.		
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2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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	eadership or fiduciary role	None	
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12 R	eceipt of equipment,	None	
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13 C	Other financial or non-	None	
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No	nno.		
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Date:18/08/2021	
Your Name: ShanBo Cao (Lab of Gene, Acornmed Biotechnology Co., Ltd. Beijing Economic and Technologi	cal
Development Zone, Beijing 100176, China.)_	
Manuscript Title: An isolated childhood myeloid sarcoma with germline MSH6 mutation-a case	
report	
Manuscript number (if known):	

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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for	None	
	None	
educational events		
Payment for expert testimony	None	
Support for attending meetings and/or travel	None	
	None	
pending		
5	A.I	
·	None	
	None	
	None	
committee or advocacy		
group, paid or unpaid		
Stock or stock options	None	
	None	
writing, gifts or other services		
Other financial or non-financial interests	I am an employee of Acornmed Biotechnology Co., Ltd. Beijing Economic and Technological Development Zone and I don't receive any financial funding from Acornmed Biotechnology company.	
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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.			

Date:18/08/2021	
Your Name: Mei Yan	
Manuscript Title: An isolated childhood myeloid sarcoma with germline MSH6 mutation-a case	
report	_
Manuscript number (if known):	

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	provision of study materials,		
	medical writing, article processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
	perium <sub>8</sub>		
9	Participation on a Data	None	
,	Safety Monitoring Board or	146116	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	None	
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Please summarize the above conflict of interest in the following box:			
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