Date:
 March 30, 2021

 Your Name:
 Fang Huang

 Manuscript Title:
 Clinical characteristics and treatment outcomes of adult patients with acquired thrombotic thrombocytopenic purpura: a single center retrospective study

 Manuscript number (if known):
 APM-21-759\_\_\_\_\_\_

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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		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	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	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

I have no conflicts of interest to declare.

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

 Date:
 March 30, 2021

 Your Name:
 Xiaoping Li

 Manuscript Title:
 Clinical characteristics and treatment outcomes of adult patients with acquired thrombotic thrombocytopenic purpura: a single center retrospective study

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None
	manuscript writing or educational events	
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

I have no conflicts of interest to declare.

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

 Date:
 March 30, 2021

 Your Name:
 Ying Xu

 Manuscript Title:
 Clinical characteristics and treatment outcomes of adult patients with acquired thrombotic thrombocytopenic purpura: a single center retrospective study

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13	Other financial or non- financial interests	None

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

 Date:
 March 30, 2021\_\_\_\_\_\_

 Your Name:
 Xinyue Li

 Manuscript Title:
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 Manuscript number (if known):
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	educational events		
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'	meetings and/or travel	None	
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	pending		
9	Participation on a Data	None	
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	Advisory Board		
10	Leadership or fiduciary role	None	
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	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		

I have no conflicts of interest to declare.

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

Date:	March 30, 2021
Your Name:	Dongrong Li
Manuscript T	itle: Clinical characteristics and treatment outcomes of adult patients with acquired thrombotic
thrombocyto	penic purpura: a single center retrospective study
Manuscript n	umber (if known):APM-21-759

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2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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4	Consulting fees	None	

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	testimony	
7	Support for attending meetings and/or travel	None
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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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	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	None	
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#### Please place an "X" next to the following statement to indicate your agreement:

 Date:
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 Your Name:
 Ziqiang Yu

 Manuscript Title:
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 Your Name:
 Jun Jin

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6	Payment for expert	None	
	testimony		
7	Support for attending	None	
'	meetings and/or travel	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
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 Date:
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