

ICMJE DISCLOSURE FORM

Date: 2021.04.11
 Your Name: Hui Zhou
 Manuscript Title: Delayed thrombocytopenia as a rare but serious adverse event secondary to immune checkpoint inhibitor:a case report
 Manuscript number (if known): APM-21-794

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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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 Zhejiang Medical Association Clinical Research Fund Project	No. 2018ZYC-A33 and No.2018ZYC-A34
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	

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

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

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ICMJE DISCLOSURE FORM

Date: 2021.04.11
 Your Name: Ning Li
 Manuscript Title: Delayed thrombocytopenia as a rare but serious adverse event secondary to immune checkpoint inhibitor:a case report
 Manuscript number (if known): APM-21-794

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ICMJE DISCLOSURE FORM

Date: 2021.04.11
 Your Name: Huifeng Tang
 Manuscript Title: Delayed thrombocytopenia as a rare but serious adverse event secondary to immune checkpoint inhibitor:a case report
 Manuscript number (if known): APM-21-794

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ICMJE DISCLOSURE FORM

Date: 2021.04.11
 Your Name: Hang Chen
 Manuscript Title: Delayed thrombocytopenia as a rare but serious adverse event secondary to immune checkpoint inhibitor:a case report
 Manuscript number (if known): APM-21-794

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Date: 2021.04.11
 Your Name: Xiaohui Chen
 Manuscript Title: Delayed thrombocytopenia as a rare but serious adverse event secondary to immune checkpoint inhibitor:a case report
 Manuscript number (if known): APM-21-794

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ICMJE DISCLOSURE FORM

Date: 2021.04.11
 Your Name: Liang Zhang
 Manuscript Title: Delayed thrombocytopenia as a rare but serious adverse event secondary to immune checkpoint inhibitor:a case report
 Manuscript number (if known): APM-21-794

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