

ICMJE DISCLOSURE FORM

Date: 10/24/2023

Your Name: Laercio DaSilva

Manuscript Title: Bone Marrow Dyscrasias in AIRE Deficiency: Lessons from Thymoma and APECED

Manuscript number:

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.

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

None.

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ICMJE DISCLOSURE FORM

Date: 10/27/2023

Your Name: Shannon Swift

Manuscript Title: Bone Marrow Dyscrasias in AIRE Deficiency: Lessons from Thymoma and APECED

Manuscript number:

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Date: 10/24/2023

Your Name: Susan Sansone

Manuscript Title: Bone Marrow Dyscrasias in AIRE Deficiency: Lessons from Thymoma and APECED

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Date: 10/24/2023

Your Name: Eva Szabo

Manuscript Title: Bone Marrow Dyscrasias in AIRE Deficiency: Lessons from Thymoma and APECED

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Date: 10/23/2023

Your Name: Chen Zhao

Manuscript Title: Bone Marrow Dyscrasias in AIRE Deficiency: Lessons from Thymoma and APECED

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ICMJJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Chris Feierabend RN

Manuscript Title: Bone Marrow Dyscrasias in AIRE Deficiency: Lessons from Thymoma and APECED

Manuscript number:

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Nisha Patel

Manuscript Title: Bone Marrow Dyscrasias in AIRE Deficiency: Lessons from Thymoma and APECED

Manuscript number:

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ICMJE DISCLOSURE FORM

Date: October 30 2023

Your Name: Sebastian Ochoa Gonzalez

Manuscript Title: Bone Marrow Dyscrasias in AIRE Deficiency: Lessons from Thymoma and APECED

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Date: 10/23/2023

Your Name: Michail Lionakis

Manuscript Title: Bone Marrow Dyscrasias in AIRE Deficiency: Lessons from Thymoma and APECED

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ICMJE DISCLOSURE FORM

Date: October 23, 2023

Your Name: Arun Rajan

Manuscript Title: Bone Marrow Dyscrasias in AIRE Deficiency: Lessons from Thymoma and APECED

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <u>X</u> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <u>X</u> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> None	

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

I have no conflicts of interest to declare.

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.

ICMJJE DISCLOSURE FORM

Date: 10/23/2023

Your Name: Meredith McAdams

Manuscript Title: Bone Marrow Dyscrasias in AIRE Deficiency: Lessons from Thymoma and APECED

Manuscript number:

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <u>X</u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <u>X</u> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> None	

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