

## ICMJE DISCLOSURE FORM

Date: July. 27<sup>th</sup>, 2021

Your Name: Dongyao Wang

Manuscript Title: Extraordinarily elevated CD33 expression in CD56+ CD3- cells in the bone marrow of a patient with relapsed AML: A case report

Manuscript number (if known): TCR-21-733

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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		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	China postdoctoral science foundation	Number: 2020M671910. No comments.
		Fundamental Research Funds for the Central Universities	Number: WK9110000168. No comments.
		Fundamental Research Funds for the Central Universities	Number: WK9110000001. No comments.
<b>Time frame: past 36 months</b>			
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

Date: July. 27<sup>th</sup>, 2021

Your Name: Liangguan Geng

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Date: July. 27<sup>th</sup>, 2021

Your Name: Huilan Liu

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