

ICMJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: Qianying Zhang

Manuscript Title: *Pneumocystis jirovecii* pneumonia in non-Hodgkin's lymphoma after rituximab-based chemotherapy: a series of case reports

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 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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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None.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: Liang Han

Manuscript Title: Pneumocystis jirovecii pneumonia in non-Hodgkin's lymphoma after rituximab-based chemotherapy: a series of case reports

Manuscript Number (if known):

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ICMJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: Yuanyuan Lin

Manuscript Title: Pneumocystis jirovecii pneumonia in non-Hodgkin's lymphoma after rituximab-based chemotherapy: a series of case reports

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ICMJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: Xiaohong Sun

Manuscript Title: Pneumocystis jirovecii pneumonia in non-Hodgkin's lymphoma after rituximab-based chemotherapy: a series of case reports

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Date: 5/2/2022

Your Name: Haige Ye

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ICMJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: Honglan Qian

Manuscript Title: Pneumocystis jirovecii pneumonia in non-Hodgkin's lymphoma after rituximab-based chemotherapy: a series of case reports

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Your Name: Lan Sun

Manuscript Title: Pneumocystis jirovecii pneumonia in non-Hodgkin's lymphoma after rituximab-based chemotherapy: a series of case reports

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Your Name: Songfu Jiang

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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/2/2022

Your Name: Bin Liang

Manuscript Title: Pneumocystis jirovecii pneumonia in non-Hodgkin's lymphoma after rituximab-based chemotherapy: a series of case reports

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.

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