Date: Jul 15th,	2023
Your Name:	Kun-ying Xie
Manuscript Title:_	Establishment and validation of a prognostic immune-related IncRNA risk model for acute
myeloid leukaemi	a
Manuscript numb	er (if known): <u>TCR-23-429</u>

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/interestsas they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
_		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity(if not indicated in		
	item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None.

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.

Date:	Jul 15 th ,	2023
Your Nam	ne:	Shu-zhao Chen
Manuscri	ipt Title:_	Establishment and validation of a prognostic immune-related IncRNA risk model for acute
myeloid l	eukaemi	9
Manuscri	ipt numb	er (if known): <u>TCR-23-429</u>

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4	Consulting fees	_ XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	XNone
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9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None.

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<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: Jul 1	th , <u>2023</u>
Your Name:	Yun Wang
Manuscript Titl	e: Establishment and validation of a prognostic immune-related IncRNA risk model for acute
myeloid leukae	mia
Manuscript nur	nber (if known): <u>TCR-23-429</u>

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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity(if not indicated in		
	item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	_ XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None

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

ate: <u>Jul 15th, 2023</u>
our Name: Meng-lan Zeng
lanuscript Title: <u>Establishment and validation of a prognostic immune-related IncRNA risk model for acute</u>
yeloid leukaemia
lanuscript number (if known): <u>TCR-23-429</u>

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1	All support for the present	XNone	
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	provision of study materials,		
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
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	item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	_ XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None

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

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Date:Jul 15th	2023
Your Name:	Xiao-ying Liu
Manuscript Title:_	Establishment and validation of a prognostic immune-related IncRNA risk model for acute
myeloid leukaemi	a
Manuscript numb	er (if known): <u>TCR-23-429</u>

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		1	
1	All support for the present	XNone	
	manuscript (e.g., funding,		
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4	Consulting fees	XNone	

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7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None

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Date:]	ul 15 th , 2	2023
Your Name	e:Ya	ang Liang
Manuscrip	t Title:	_Establishment and validation of a prognostic immune-related IncRNA risk model for acute
myeloid le	ukaemia	
Manuscrip	t numbe	r (if known): <u>TCR-23-429</u>

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7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
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Date: Jul 15th	2023
Your Name:	Jin Wei
Manuscript Title:_	_Establishment and validation of a prognostic immune-related IncRNA risk model for acute
myeloid leukaemi	a
Manuscript numb	er (if known): <u>TCR-23-429</u>

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