

## ICMJE DISCLOSURE FORM

Date **9/21/2023**

Your Name: **Suryanarayana Reddy Challa**

Manuscript Title: **\_ Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer\_\_**

Manuscript number (if known): **\_\_\_\_\_ TCR-23-166\_\_\_\_\_**

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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<b>Time frame: past 36 months</b>			
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

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.**

## ICMJE DISCLOSURE FORM

Date **9/21/2023**

Your Name: **Gholamreza Oskrochi**

Manuscript Title: **\_ Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer\_\_**

Manuscript number (if known): **\_\_\_\_\_ TCR-23-166 \_\_\_\_\_**

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## ICMJE DISCLOSURE FORM

Date 9/21/2023

Your Name: Gagan Paul

Manuscript Title: \_ Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer\_\_

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Date **9/21/2023**

Your Name: **Lakshmi Chirumamilla**

Manuscript Title: **\_ Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer\_\_**

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## ICMJE DISCLOSURE FORM

Date: 9/21/2023

Your Name: Nader Shayegh

Manuscript Title: Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer

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## ICMJE DISCLOSURE FORM

Date: 9/21/2023

Your Name: Vaisakh Nair

Manuscript Title: Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer

Manuscript number (if known): TCR-23-166

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## ICMJE DISCLOSURE FORM

Date: 9/21/2023  
 Your Name: Megan Littleton  
 Manuscript Title: Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer  
 Manuscript number (if known): TCR-23-166

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## ICMJE DISCLOSURE FORM

Date: 9/21/2023

Your Name: Danae Byer

Manuscript Title: Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer

Manuscript number (if known): TCR-23-166

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## ICMJE DISCLOSURE FORM

Date: 9/21/2023  
 Your Name: Nicole Morrison  
 Manuscript Title: Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer  
 Manuscript number (if known): TCR-23-166

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Date: 9/21/2023  
 Your Name: Brittany Grossi  
 Manuscript Title: Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer  
 Manuscript number (if known): TCR-23-166

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Date: 9/21/2023

Your Name: Ashanna Barclay

Manuscript Title: Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer

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Date: 9/21/2023

Your Name: Shahnoza Dusmatova

Manuscript Title: Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer

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2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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8	Patents planned, issued or pending	___ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

None
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**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.



## ICMJE DISCLOSURE FORM

Date: 9/21/2023  
 Your Name: Trae Thompson  
 Manuscript Title: Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer  
 Manuscript number (if known): TCR-23-166

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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## ICMJE DISCLOSURE FORM

Date: 9/21/2023

Your Name: Dideolu Dawodu

Manuscript Title: Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer

Manuscript number (if known): TCR-23-166

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## ICMJE DISCLOSURE FORM

Date **9/21/2023**

Your Name: **Hassan Brim**

Manuscript Title: **\_ Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer\_\_**

Manuscript number (if known): **\_\_\_\_\_ TCR-23-166 \_\_\_\_\_**

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## ICMJE DISCLOSURE FORM

Date **9/21/2023**

Your Name: **Hassan Ashktorab**

Manuscript Title: **\_ Predictors of Mortality in Hospitalized African American COVID-19 Patients with Cancer\_\_**

Manuscript number (if known): **\_\_\_\_\_ TCR-23-166 \_\_\_\_\_**

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