

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Takeshi

2. Surname (Last Name)
Hagino

3. Date
16-April-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Incidence and management of non-immune platelet transfusion refractoriness: A narrative review

6. Manuscript Identifying Number (if you know it)
AOB-20-93

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Hagino has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Tomohiko

2. Surname (Last Name)
Sato

3. Date
16-April-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Takeshi Hagino

5. Manuscript Title
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Dr. Sato has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Nelson H.	2. Surname (Last Name) Tsunno	3. Date 16-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Takeshi Hagino
5. Manuscript Title Incidence and management of non-immune platelet transfusion refractoriness: A narrative review		
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Tetsunori

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Tasaki

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16-April-2021

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Corresponding Author's Name

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