

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Hideki

2. Surname (Last Name)

Uryu

3. Date

16-May-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Kaichi Nishiwaki

5. Manuscript Title

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Katori

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1. Given Name (First Name)

Kazuhito

2. Surname (Last Name)

Suzuki

3. Date

16-May-2018

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Corresponding Author's Name

Kaichi Nishiwaki

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KAICHI

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NISHIWAKI

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17-May-2018

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Yes No

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not available

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1. Given Name (First Name)

Jiro

2. Surname (Last Name)

Minami

3. Date

28-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kaichi Nishiwaki

5. Manuscript Title

Successful allogeneic peripheral blood stem cell transplantation for an aggressive variant of T-cell large granular-lymphocyte leukemia: A case report

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name)
Shingo

2. Surname (Last Name)
Yano

3. Date
17-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kaichi Nishiwaki

5. Manuscript Title
Successful allogeneic peripheral blood stem cell transplantation for an aggressive variant of T-cell large granular-lymphocyte leukemia: A case report

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1. Given Name (First Name)

Hiroki

2. Surname (Last Name)

Yokoyama

3. Date

16-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kaichi Nishiwaki

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