

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)
Hiroshi

2. Surname (Last Name)
Imanaga

3. Date
28-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Haploidentical hematopoietic stem cell transplantation with one-day posttransplant cyclophosphamide for graft failure in primary myelofibrosis

6. Manuscript Identifying Number (if you know it)
BCT-2019-009

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Dr. Imanaga has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Yuju

2. Surname (Last Name)
Ohno

3. Date
28-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hiroshi Imanaga

5. Manuscript Title

Haploidentical hematopoietic stem cell transplantation with one-day posttransplant cyclophosphamide for graft failure in primary myelofibrosis

6. Manuscript Identifying Number (if you know it)

BCT-2019-009

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Section 1. Identifying Information

1. Given Name (First Name)

Yasuhiro

2. Surname (Last Name)

Sugio

3. Date

28-July-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Hiroshi Imanaga

5. Manuscript Title

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1. Given Name (First Name)

Takanori

2. Surname (Last Name)

Ohta

3. Date

28-July-2019

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Corresponding Author's Name

Hiroshi Imanaga

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1. Given Name (First Name) Seido	2. Surname (Last Name) Oku	3. Date 28-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroshi Imanaga
5. Manuscript Title Haploidentical hematopoietic stem cell transplantation with one-day posttransplant cyclophosphamide for graft failure in primary myelofibrosis		
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