ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. **Identifying information.**

2. **The work under consideration for publication.**

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3. **Relevant financial activities outside the submitted work.**

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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- **Licensed:** The patent has been licensed to an entity, whether earning royalties or not
- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Divya

2. Surname (Last Name)  
   Doval

3. Date  
   06-October-2020

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
   T-cell replete Haplo-identical HSCT with Post transplan-t Cyclophosphamide for Hemoglobinopathies: A retrospective analysis from a single center

6. Manuscript Identifying Number (if you know it)  
   BCT - 2020 - 014

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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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Disclosure Statement

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Dr. Doval has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Vipin

2. Surname (Last Name)  
Khandelwal

3. Date  
06-October-2020

4. Are you the corresponding author?  

☐ Yes  ✔ No  

Corresponding Author’s Name  
Divya Doval

5. Manuscript Title  
T-cell replete Haplo-identical HSCT with Post transplant Cyclophosphamide for Hemoglobinopathies: A retrospective analysis from a single center

6. Manuscript Identifying Number (if you know it)  
BCT - 2020 - 014

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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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

☐ Yes  ✔ No
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Section 6. Disclosure Statement

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Dr. Khandelwal has nothing to disclose.

Evaluation and Feedback

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Sharma
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Sanjeev Kumar

2. Surname (Last Name)  
Sharma

3. Date  
06-October-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Divya Doval

5. Manuscript Title  
T-cell replete Haplo-identical HSCT with Post transplant Cyclophosphamide for Hemoglobinopathies: A retrospective analysis from a single center

6. Manuscript Identifying Number (if you know it)  
BCT - 2020 - 014

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Are there any relevant conflicts of interest?  
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Dr. Sharma has nothing to disclose.

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Section 1.
Identifying Information

1. Given Name (First Name) Rasika
2. Surname (Last Name) Setia
3. Date 06-October-2020
4. Are you the corresponding author? ❑ No
   Corresponding Author's Name Divya Doval
5. Manuscript Title
   T-cell replete Haplo-identical HSCT with Post transplant Cyclophosphamide for Hemoglobinopathies: A retrospective analysis from a single center
6. Manuscript Identifying Number (if you know it)
   BCT - 2020 - 014

Section 2.
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Are there any relevant conflicts of interest? ❑ No

Section 3.
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Dr. Setia has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Dharma

2. Surname (Last Name)  
Choudhary

3. Date  
06-October-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
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5. Manuscript Title  
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Dr. Choudhary has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Anil

2. Surname (Last Name)  
   Handoo

3. Date  
   06-October-2020

4. Are you the corresponding author?  
   Yes  
   No  
   ✔️

   Corresponding Author’s Name  
   Divya Doval

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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   No  
   ✔️

Section 3. Relevant financial activities outside the submitted work.

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Dr. Handoo has nothing to disclose.

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