

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.

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Doval 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname Doval	(Last Name)		3. Date 06-October-2020
4. Are you the cor	responding author?	✓ Yes	No		
T-cell replete Har analysis from a si 6. Manuscript Ider	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					
Section 2.					
Section 2.	The Work Under Co	onsideratio	on for Publication	on	
any aspect of the s statistical analysis,	ubmitted work (including	but not limite	ed to grants, data m		ommercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities o	utside the subr	nitted work.	
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	ı				
Section 4.	Intellectual Proper	ty Paten	ts & Copyrights		
Do you have any	patents, whether plan	ned, pending	g or issued, broadl	y relevant to the work	? ☐ Yes ✓ No

Doval 2



Section 5. Polotionships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Dr. Doval has nothing to disclose.

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Khandelwal 1



Section 1. Identifying Inform	ention	
identifying inform	nation	
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 analysis from a single center	n Post transplan¬¬¬t Cyclo	ophosphamide for Hemoglobinopathies: A retrospective
6. Manuscript Identifying Number (if you kr BCT - 2020 - 014	now it)	_
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Khandelwal 2



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Sharma 1



Section 1. Identifying Inform	nation	
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 analysis from a single center	n Post transplan¬¬¬t Cycl	ophosphamide for Hemoglobinopathies: A retrospective
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Setia 1



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Given Name (First Name) Rasika	2. Surname (Last Name) Setia	3. Date 06-October-2020
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Choudhary 1



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4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Divya Doval
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Choudhary 2



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Handoo 1



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	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
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