

## ICMJE DISCLOSURE FORM

**Date:** 5/1/2022

**Your Name:** Aloysius Ho

**Manuscript Title:** Human Leukocyte Antigen (HLA) allele and haplotype frequencies in Singapore Bone Marrow Donors and Cord Blood Units

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div>
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 4/28/2022

**Your Name:** Loh Chee Khiong Charles

**Manuscript Title:** Human Leukocyte Antigen (HLA) allele and haplotype frequencies in Singapore Bone Marrow Donors and Cord Blood Units

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 5/5/2022

**Your Name:** Louise Cho

**Manuscript Title:** Human Leukocyte Antigen (HLA) allele and haplotype frequencies in Singapore Bone Marrow Donors and Cord Blood Units

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 5/5/2022

**Your Name:** Dr Marieta Chan

**Manuscript Title:** Human Leukocyte Antigen (HLA) allele and haplotype frequencies in Singapore Bone Marrow Donors and Cord Blood Units

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 5/5/2022

**Your Name:** Phang Chew Yen

**Manuscript Title:** Human Leukocyte Antigen (HLA) allele and haplotype frequencies in Singapore Bone Marrow Donors and Cord Blood Units

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# ICMJE DISCLOSURE FORM

**Date:** 5/5/2022

**Your Name:** Valerie Voon

**Manuscript Title:** Human Leukocyte Antigen (HLA) allele and haplotype frequencies in Singapore Bone Marrow Donors and Cord Blood Units

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 5/5/2022

**Your Name:** Alvin Ng Yu-Jin

**Manuscript Title:** Human Leukocyte Antigen (HLA) allele and haplotype frequencies in Singapore Bone Marrow Donors and Cord Blood Units.

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 5/18/2022

**Your Name:** Arun Prasath

**Manuscript Title:** Human Leukocyte Antigen (HLA) allele and haplotype frequencies in Singapore Bone Marrow Donors and Cord Blood Units

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 5/21/2021

**Your Name:** Poon Limei Michelle

**Manuscript Title:** Human Leucocyte Antigen allele and haplotype frequencies in Singapore Bone Marrow Donors and Cord Blood Units

**Manuscript Number (if known):** Manuscript ID HLA-Oct-2021-2103-OA for HLA revision

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**Manuscript Title:** Human Leukocyte Antigen (HLA) allele and haplotype frequencies in Singapore Bone Marrow Donors and Cord Blood Units.

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Manuscript Number (if known): Click or tap here to enter text. haplotype frequencies in Singapore Bone Marrow Donors & Cord Blood Units.

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*Mosler* 18.5, 2022