

ICMJE DISCLOSURE FORM

Date: 8/2/2022

Your Name: William YK Hwang

Manuscript Title: Alternate Donor Transplantation

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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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.

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4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Novartis (honoraria)	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		APBMT 2022	
		JSTCT 2022	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
		Advanced Cell Therapy Research Institute of Singapore	
		Singapore Translational Cancer Consortium	
		Lien Centre for Palliative Care	

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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: 6/22/2022

Your Name: Piyanuch Kongtim

Manuscript Title: Alternate Donor Transplantation

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.

ICMJJE DISCLOSURE FORM

Date: 8/5/2021

Your Name: Ming Yao

Manuscript Title: Alternate Donor Transplantation

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

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		2022 Annual meeting of APBMT	
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Date: 7/19/2022

Your Name: Navneet Majhail

Manuscript Title: Alternate Donor Transplantation

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