

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

4. Are you the corresponding author? Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Society of Hematology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Lad reports grants from American Society of Hematology, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Prashant	2. Surname (Last Name) Chhabra	3. Date 12-August-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Deepesh Lad
5. Manuscript Title Factors impacting GVHD relapse-free survival (GRFS) after peripheral blood hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Chhabra has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Madhu	2. Surname (Last Name) Chopra	3. Date 12-August-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Deepesh Lad
5. Manuscript Title Factors impacting GVHD relapse-free survival (GRFS) after peripheral blood hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it)		

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Dr. Chopra has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Arihant	2. Surname (Last Name) Jain	3. Date 12-August-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Deepesh Lad
5. Manuscript Title Factors impacting GVHD relapse-free survival (GRFS) after peripheral blood hematopoietic cell transplantation		
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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kripa Shanker	2. Surname (Last Name) Kasudhan	3. Date 12-August-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Deepesh Lad
5. Manuscript Title Factors impacting GVHD relapse-free survival (GRFS) after peripheral blood hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kasudhan has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shaweta	2. Surname (Last Name) Kaundal	3. Date 12-August-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Deepesh Lad
5. Manuscript Title Factors impacting GVHD relapse-free survival (GRFS) after peripheral blood hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kaundal has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alka	2. Surname (Last Name) Khadwal	3. Date 12-August-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Deepesh Lad
5. Manuscript Title Factors impacting GVHD relapse-free survival (GRFS) after peripheral blood hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Khadwal has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pankaj	2. Surname (Last Name) Malhotra	3. Date 12-August-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Deepesh Lad
5. Manuscript Title Factors impacting GVHD relapse-free survival (GRFS) after peripheral blood hematopoietic cell transplantation		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Malhotra has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gaurav	2. Surname (Last Name) Prakash	3. Date 12-August-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Deepesh Lad
5. Manuscript Title Factors impacting GVHD relapse-free survival (GRFS) after peripheral blood hematopoietic cell transplantation		
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Prakash has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Charanpreet	2. Surname (Last Name) Singh	3. Date 12-August-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Deepesh Lad
5. Manuscript Title Factors impacting GVHD relapse-free survival (GRFS) after peripheral blood hematopoietic cell transplantation		
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Society of Hematology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Dr. Singh reports grants from American Society of Hematology, during the conduct of the study; .

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