

# ICMJE DISCLOSURE FORM

**Date:** 11/18/2022

**Your Name:** Kazuhiro Sanda

**Manuscript Title:** A case of severe oral mucosal GVHD induced by heterologous SARS-CoV-2 vaccination after cord blood transplantation

**Manuscript Number (if known):** BCT-2022-019

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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**Your Name:** Hidetoshi Satomi

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**Your Name:** Shigeo Fuji

**Manuscript Title:** A case of severe oral mucosal GVHD induced by heterologous SARS-CoV-2 vaccination after cord blood transplantation

**Manuscript Number (if known):** BCT-2022-019

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**Date:** 11/17/2022

**Your Name:** Jun Ishikawa

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**Date:** 11/18/2022

**Your Name:** Masanori Kitamura

**Manuscript Title:** A case of severe oral mucosal GVHD induced by heterologous SARS-CoV-2 vaccination after cord blood transplantation

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# ICMJE DISCLOSURE FORM

**Date:** 11/17/2022

**Your Name:** Nao Nishimura

**Manuscript Title:** A case of severe oral mucosal GVHD induced by heterologous SARS-CoV-2 vaccination after cord blood transplantation

**Manuscript Number (if known):** BCT-2022-019

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# ICMJE DISCLOSURE FORM

**Date:** 11/18/2022

**Your Name:** Sayako Yuda

**Manuscript Title:** A case of severe oral mucosal GVHD induced by heterologous SARS-CoV-2 vaccination after cord blood transplantation

**Manuscript Number (if known):** BCT-2022-019

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# ICMJE DISCLOSURE FORM

**Date:** 11/17/2022

**Your Name:** Takafumi Yokota

**Manuscript Title:** A case of severe oral mucosal GVHD induced by heterologous SARS-CoV-2 vaccination after cord blood transplantation

**Manuscript Number (if known):** BCT-2022-019

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# ICMJE DISCLOSURE FORM

**Date:** 11/18/2022

**Your Name:** Yasuhiro Shingai

**Manuscript Title:** A case of severe oral mucosal GVHD induced by heterologous SARS-CoV-2 vaccination after cord blood transplantation

**Manuscript Number (if known):** BCT-2022-019

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# ICMJE DISCLOSURE FORM

**Date:** 11/17/2022

**Your Name:** Yuma Tada

**Manuscript Title:** A case of severe oral mucosal GVHD induced by heterologous SARS-CoV-2 vaccination after cord blood transplantation

**Manuscript Number (if known):** BCT-2022-019

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**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.