

ICMJE DISCLOSURE FORM

Date: 3/31/2023

Your Name: Kimiko Nakano

Manuscript Title: Effect of a Nursing Intervention Program to Cope with Uncertainty Before Undergoing Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript Number (if known): 1

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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Date: 3/31/2023

Your Name: Ayame Fujioka

Manuscript Title: Effect of a Nursing Intervention Program to Cope with Uncertainty Before Undergoing Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript Number (if known): 3

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Date: 3/31/2023

Your Name: Harue Arao

Manuscript Title: Effect of a Nursing Intervention Program to Cope with Uncertainty Before Undergoing Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript Number (if known): 8

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Date: 3/31/2023

Your Name: Kumi Kimura

Manuscript Title: Effect of a Nursing Intervention Program to Cope with Uncertainty Before Undergoing Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript Number (if known): 4

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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: 3/31/2023

Your Name: Masahiro Abe

Manuscript Title: Effect of a Nursing Intervention Program to Cope with Uncertainty Before Undergoing Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript Number (if known): 6

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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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ICMJE DISCLOSURE FORM

Date: 3/31/2023

Your Name: Sena Yamamoto

Manuscript Title: Effect of a Nursing Intervention Program to Cope with Uncertainty Before Undergoing Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript Number (if known): 7

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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 3/31/2023

Your Name: Shiro Fujii

Manuscript Title: Effect of a Nursing Intervention Program to Cope with Uncertainty Before Undergoing Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript Number (if known): 2

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ICMJE DISCLOSURE FORM

Date: 3/31/2023

Your Name: Yoshiki Abe

Manuscript Title: Effect of a Nursing Intervention Program to Cope with Uncertainty Before Undergoing Allogeneic Hematopoietic Stem Cell Transplantation

Manuscript Number (if known): 5

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>									

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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.