

ICMJE DISCLOSURE FORM

Date: 6/6/2023

Your Name: Andrew Pardeep

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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.

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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	

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: 6/6/2023

Your Name: Aditya Jandial

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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ICMJE DISCLOSURE FORM

Date: 6/6/2023

Your Name: Alka Khadwal

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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Date: 6/6/2023

Your Name: Arihant Jain

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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Date: 6/6/2023

Your Name: Charanpreet Singh

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

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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	

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: 6/6/2023

Your Name: Deepesh Lad

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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: 6/6/2023

Your Name: Gaurav Prakash

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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: 6/6/2023

Your Name: Madhu Chopra

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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ICMJE DISCLOSURE FORM

Date: 6/6/2023

Your Name: Navneet Majhail

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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ICMJE DISCLOSURE FORM

Date: 6/6/2023

Your Name: Pankaj Malhotra

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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: 6/6/2023

Your Name: Renaissa De

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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: 6/6/2023

Your Name: Ritika Sharma

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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ICMJE DISCLOSURE FORM

Date: 6/6/2023

Your Name: Shaweta Kaundal

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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.

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Date: 6/6/2023

Your Name: Urmimala Bhattacharjee

Manuscript Title: Factors Impacting Return to Work/School among Hematopoietic Cell Transplantation Survivors in India

Manuscript Number (if known): BCT-2023-017.

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