

ICMJE DISCLOSURE FORM

Date: 11/21/2023

Your Name: Takahiro Takekiyo

Manuscript Title: Recovery of physical function, muscle mass, and quality of life in patients undergoing allogeneic hematopoietic stem cell 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.

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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Time frame: past 36 months									
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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.

AICMJE DISCLOSURE FORM

Date: 11/21/2023

Your Name: Atae Utsunomiya

Manuscript Title: Recovery of physical function, muscle mass, and quality of life in patients undergoing allogeneic hematopoietic stem cell transplantation

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 174 1516 275"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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ICMJE DISCLOSURE FORM

Date: 11/21/2023

Your Name: Souichiro Nara

Manuscript Title: Recovery of physical function, muscle mass, and quality of life in patients undergoing allogeneic hematopoietic stem cell transplantation

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

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Date: 11/21/2023

Your Name: Norihisa Nakashima

Manuscript Title: Recovery of physical function, muscle mass, and quality of life in patients undergoing allogeneic hematopoietic stem cell transplantation

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

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Date: 11/21/2023

Your Name: Toshiyuki Okamura

Manuscript Title: Recovery of physical function, muscle mass, and quality of life in patients undergoing allogeneic hematopoietic stem cell transplantation

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

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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: 11/21/2023

Your Name: Masahito Tokunaga

Manuscript Title: Recovery of physical function, muscle mass, and quality of life in patients undergoing allogeneic hematopoietic stem cell 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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ICMJE DISCLOSURE FORM

Date: 11/21/2023

Your Name: Takayoshi Miyazono

Manuscript Title: Recovery of physical function, muscle mass, and quality of life in patients undergoing allogeneic hematopoietic stem cell transplantation

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

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ICMJE DISCLOSURE FORM

Date: 11/21/2023

Your Name: Nobuaki Nakano

Manuscript Title: Recovery of physical function, muscle mass, and quality of life in patients undergoing allogeneic hematopoietic stem cell transplantation

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

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ICMJE DISCLOSURE FORM

Date: 11/21/2023

Your Name: Yoshikiyo Ito

Manuscript Title: Recovery of physical function, muscle mass, and quality of life in patients undergoing allogeneic hematopoietic stem cell transplantation

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

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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: 11/21/2023

Your Name: Koichiro Dozono

Manuscript Title: Recovery of physical function, muscle mass, and quality of life in patients undergoing allogeneic hematopoietic stem cell 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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Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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