Date:	1/5/2024
Your Name:	Yukayo Terashita
Manuscript Title:	Serum 5-S-cysteinyldopa as a predictive biomarker for stem cell transplantation-related complications in children and young adults
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.

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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.) <b>No time limit for this item.</b>	None          Image: Display of the second secon	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	<ul> <li>☑ None</li> <li>□</li> <li>□</li> <li>□</li> </ul>	
3	Royalties or licenses	None	

		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)
4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
6	Payment for expert testimony	⊠         None	
7	Support for attending meetings and/or travel	⊠         None	
8	Patents planned, issued or pending	⊠       None         □       □         □       □         □       □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠         None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠         None	

		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	⊠       None         □       □         □       □         □       □         □       □	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠       None         □       □         □       □         □       □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/5/2024
Your Name:	Atsushi Manabe
Manuscript Title:	Serum 5-S-cysteinyldopa as a predictive biomarker for stem cell transplantation-related complications in children and young adults
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	⊠ None	

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4	Consulting fees	☑         None           □         □           □         □           □         □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None       Novartis       Ohara       Servier	Honoraria for lectures Honoraria for lectures Honoraria for lectures
6	Payment for expert testimony	⊠         None	
7	Support for attending meetings and/or travel	⊠         None	
8	Patents planned, issued or pending	⊠         None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠         None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠       None         □	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠       None         □       □         □       □         □       □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/5/2024
Your Name:	Akihiro Iguchi
Manuscript Title:	Serum 5-S-cysteinyldopa as a predictive biomarker for stem cell transplantation-related complications in children and young adults
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	None	

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6	Payment for expert testimony	⊠         None	
7	Support for attending meetings and/or travel	⊠         None	
8	Patents planned, issued or pending	⊠       None         □       □         □       □         □       □	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠       None         □       □         □       □         □       □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/5/2024
Your Name:	Houman Goudarzi
Manuscript Title:	Serum 5-S-cysteinyldopa as a predictive biomarker for stem cell transplantation-related complications in children and young adults
Manuscript Number (if known):	Click or tap here to enter text.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	☑    None    Time frame: past 36 month	Click the tab key to add additional rows.
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3	Royalties or licenses	None	

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4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
6	Payment for expert testimony	⊠         None	
7	Support for attending meetings and/or travel	⊠         None	
8	Patents planned, issued or pending	⊠       None         □       □         □       □         □       □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠         None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠         None	

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11	Stock or stock options	⊠       None         □       □         □       □         □       □         □       □	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠       None         □       □         □       □         □       □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/5/2024
Your Name:	Isao Yokota
Manuscript Title:	Serum 5-S-cysteinyldopa as a predictive biomarker for stem cell transplantation-related complications in children and young adults
Manuscript Number (if known):	Click or tap here to enter text.

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	contracts from any entity (if not indicated in item #1 above).	Research fund	Nihon Medi-Physics
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None         Speakers fee         Speakers fee         Speakers fee	Chugai Pharmaceutical Co AstraZeneca Pfizer
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	⊠         None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠         None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<ul> <li>[⊠] None</li> <li></li></ul>	

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11	Stock or stock options	⊠       None         □       □         □       □         □       □         □       □	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠       None         □       □         □       □         □       □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/5/2024	
Your Name:	Minako Sugiyama	
Manuscript Title:	Serum 5-S-cysteinyldopa as a predictive biomarker for stem cell transplantation-related complications in children and young adults	
Manuscript Number (if known):	Click or tap here to enter text.	

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13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/5/2024
Your Name:	Cho Yuko
Manuscript Title:	Serum 5-S-cysteinyldopa as a predictive biomarker for stem cell transplantation-related complications in children and young adults
Manuscript Number (if known):	Click or tap here to enter text.

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8	Patents planned, issued or pending	⊠         None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠         None	
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