| Date: | 2/11/2024 | |
|-------------------------------|--|--|
| Your Name: | RAMYA UPPULURI | |
| Manuscript Title: | Haploidentical hematopoietic stem cell transplantation with post-transplant cyclophosphamide for Fanconi anemia with/without anti-thymocyte globulin | |
| 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: 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. | None Time frame: past 36 month | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

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|----|---|--|---|
| 4 | Consulting fees | None 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: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

| Date: | 2/11/2024 | | |
|--|--|--|--|
| Your Name: | VENKATESWARAN VELLAICHAMY SWAMINATHAN | | |
| Manuscript Title: | Haploidentical hematopoietic stem cell transplantation with post-transplant cyclophosphamide for Fanconi anemia with/without anti-thymocyte globulin | | |
| Manuscript Number (if known): | Click or tap here to enter text. | | |
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| Date: | | | 2/11/2024 | | |
|--|---|---------|--|---|--|
| Your Name: | | | KAVITHA GANESAN | | |
| Manuscript Title: | | | Haploidentical hematopoietic stem cell transplantation with post-transplant cyclophosphamide for Fanconi anemia with/without anti-thymocyte globulin | | |
| Mar | nuscript Number (if | known): | Click or tap here to enter text. | | |
| content of your manuscript. "Related" m affected by the content of the manuscript | | | | | |
| 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: past 36 month | s | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] N | one | | |
| 3 | Royalties or licenses | ⊠ N | one | | |

| | | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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2/11/2024

| Your Name: | | | SURESH DURAISAMY | | |
|--|---|------------|--|---|--|
| Manuscript Title: | | | Haploidentical hematopoietic stem cell transplantation with post-transplant cyclophosphamide for Fanconi anemia with/without anti-thymocyte globulin | | |
| Mar | nuscript Number (if l | known): | Click or tap here to enter text. | | |
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| | | | Time frame: past 36 months | 5 | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | one | | |
| 3 | Royalties or licenses | N N | one | | |

| | | | fications/Comments (e.g., if payments were to you or to your institution) |
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12 12/13/2021 ICMJE Disclosure Form

| Date: | 2/11/2024 | 2/11/2024 | | |
|---|---|--|--|--|
| Your Name: | ANUPAMA NAIR | | | |
| Manuscript Title: | | Haploidentical hematopoietic stem cell transplantation with post-transplant cyclophosphamide for Fanconi anemia with/without anti-thymocyte globulin | | |
| Manuscript Number (if kn | Manuscript Number (if known): Click or tap here to enter text. | | | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Image: square of the square o | |
| 3 | Royalties or licenses | None | |

| | | | /Comments (e.g., if payments were or to your institution) |
|----|--|---|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
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2/11/2024

| Your Name: | | | VIJAYSHREE MUTHUKUMAR | | |
|--|---|-------------------------|---|---|--|
| Manuscript Title: | | | Haploidentical hematopoietic stem cell transplantation with post-transplant cyclophosphamide for Fanconi anemia with/without anti-thymocyte globulin | | |
| Mar | nuscript Number (if l | known): | Click or tap here to enter text. | | |
| content of your manuscript. "Rela affected by the content of the ma | | ript. "Rel of the ma | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. | | |
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2/11/2024

| Your Name: | | | ANURAAG REDDY NALLA | | |
|--|---|-------------------------|--|---|--|
| Manuscript Title: | | | Haploidentical hematopoietic stem cell transplantation with post-transplant cyclophosphamide for Fanconi anemia with/without anti-thymocyte globulin | | |
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| content of your manuscript. "Rela affected by the content of the ma | | ipt. "Rela of the ma | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. | | |
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2/11/2024

| Your Name: | | | LOGESH BALAKRISHNAN | | |
|-------------------------------|--|-------------------------|--|---|--|
| Manuscript Title: | | | Haploidentical hematopoietic stem cell transplantation with post-transplant cyclophosphamide for Fanconi anemia with/without anti-thymocyte globulin | | |
| Manuscript Number (if known): | | (nown): | Click or tap here to enter text. | | |
| con affe | tent of your manuscr ected by the content o | ipt. "Rela of the ma | | | |
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| Date: | 2/11/2024 | 2/11/2024 | | |
|--|---|-----------|--|--|
| Your Name: | Name: REVATHI RAJ | | | |
| Manuscript Title: | Haploidentical hematopoietic stem cell transplantation with post-transplant cyclophosphamide for Fanconi anemia with/without anti-thymocyte globulin | | | |
| Manuscript Number (if I | Manuscript Number (if known): Click or tap here to enter text. | | | |
| content of your manuscr affected by the content indicate a bias. If you ar The author's relationship epidemiology of hyperte that medication is not m | 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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| | pre ma fun of s me arti cha No | support for the esent anuscript (e.g., ading, provision study materials, edical writing, cicle processing arges, etc.) time limit for s item. | None | | Click the tab key to add additional rows. |
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| | co an ind | rants or ontracts from ny entity (if not dicated in item 1 above). | None | | |
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