Date:			6/6/2024		
Your Name:			Jayachandran Perumal Kalaiyarasi		
Manuscript Title:			ROLE OF AUTOLOGOUS STEM CELL TRANSPLANTATION IN RELAPSED/ REFRACTORY HODGKIN LYMPHOMA: RETROSPECTIVE DATA FROM A TERTIARY CARE CENTRE IN INDIA		
Ma	nuscript Number (if k	known):	Click or tap here to enter text.		
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Name all entities with w relationship or indicate		all entities with whom you have this	Specifications/Comments (e.g., if payments were		
		relatio	iship or indicate none (add rows as needed)	made to you or to your institution)	
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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.				
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning	of the work  Click the tab key to add additional rows.	

		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 Speaker Honoraria from Gilead	Payment to me
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	☐ None  Travel Support from Gilead	Payment to me
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.			

6/6/2024

KRISHNARATHINAM KANNAN

Date:

Manuscript Title:			RELAPSED/REFRACTORY HOL	I CELL TRANSPLANTATION IN DGKIN LYMPHOMA: I A TERTIARY CARE CENTRE IN
Mai	nuscript Number (if l	known):	Click or tap here to enter text.	
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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,		None	Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.			
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		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)
3	Royalties or licenses	None None	
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	
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	society, committee or advocacy group, paid or unpaid		
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	
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6/6/2024

MANGAI SUSEELA MURUGESAN

Date:

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Nikita Mehra

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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		
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6/6/2024

Parathan Karunakaran

Date:

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	medical writing,			Click the tab key to add additional rows.		
	article processing charges, etc.)					
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			Time frame: past 36 month	S		
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VENKATRAMAN RADHAKRISHNAN

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