

ICMJE DISCLOSURE FORM

Date: 11/18/2024

Your Name: Shohei Andoh

Manuscript Title: G-CSF-combined conditioning in allogeneic transplantation for non-remission acute myeloid leukemia with inv(3)(q21q26.2)/t(3;3)(q21;q26.2)

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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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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 11/18/2024

Your Name: Seiko Kato

Manuscript Title: G-CSF-combined conditioning in allogeneic transplantation for non-remission acute myeloid leukemia with inv(3)(q21q26.2)/t(3;3)(q21;q26.2)

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: 11/18/2024

Your Name: Maki Monna-Oiwa

Manuscript Title: G-CSF-combined conditioning in allogeneic transplantation for non-remission acute myeloid leukemia with inv(3)(q21q26.2)/t(3;3)(q21;q26.2)

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

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ICMJE DISCLOSURE FORM

Date: 11/18/2024

Your Name: Yasuhito Nannya

Manuscript Title: G-CSF-combined conditioning in allogeneic transplantation for non-remission acute myeloid leukemia with inv(3)(q21q26.2)/t(3;3)(q21;q26.2)

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

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Date: 11/18/2024

Your Name: Yuki Oda

Manuscript Title: G-CSF-combined conditioning in allogeneic transplantation for non-remission acute myeloid leukemia with inv(3)(q21q26.2)/t(3;3)(q21;q26.2)

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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: 11/18/2024

Your Name: Satoshi Takahashi

Manuscript Title: G-CSF-combined conditioning in allogeneic transplantation for non-remission acute myeloid leukemia with inv(3)(q21q26.2)/t(3;3)(q21;q26.2)

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. | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | Click the tab key to add additional rows. |
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| 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: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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