

ICMJE DISCLOSURE FORM

Date: 4/27/2025

Your Name: Noboru Asada

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood 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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Date: 4/27/2025

Your Name: Daisuke Ennnishi

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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Date: 4/27/2025

Your Name: Keiko Fujii

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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Your Name: Nobuharu Fujii

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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Date: 4/27/2025

Your Name: Hideaki Fujiwara

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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Date: 4/27/2025

Your Name: Kenta Hayashino

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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13	Other financial or non-financial interests	☒ None	
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: 4/27/2025

Your Name: Ryuichiro Hiyama

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood 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: 4/27/2025

Your Name: Daisuke Ikeda

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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ICMJE DISCLOSURE FORM

Date: 4/27/2025

Your Name: Hiroki Kobayashi

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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ICMJE DISCLOSURE FORM

Date: 4/27/2025

Your Name: Takumi Kondo

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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ICMJE DISCLOSURE FORM

Date: 4/27/2025

Your Name: Saya Kubota

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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ICMJE DISCLOSURE FORM

Date: 4/27/2025

Your Name: Ken-ichi Matsuoka

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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ICMJE DISCLOSURE FORM

Date: 4/27/2025

Your Name: Keisuke Seike

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood 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: 4/27/2025

Your Name: Yayoi Ueda

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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ICMJE DISCLOSURE FORM

Date: 4/27/2025

Your Name: Masaya Ueno

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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ICMJE DISCLOSURE FORM

Date: 4/27/2025

Your Name: Yusuke Inoue

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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ICMJE DISCLOSURE FORM

Date: 4/16/2025

Your Name: Yoshinobu Maeda

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood Transplantation

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

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None <table border="1" data-bbox="386 1749 1516 1852"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					

		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 <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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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: 4/27/2025

Your Name: Tomohiro Nagano

Manuscript Title: Successful Neutrophil Engraftment with Ruxolitinib in Cord Blood 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: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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