

ICMJE DISCLOSURE FORM

Date: 10/7/2025

Your Name: Sayan Sinha Roy

Manuscript Title: “Early Outcomes After Haploidentical Hematopoietic Cell Transplantation in Elderly Patients with Myeloid Malignancies in India: A Single Center Experience.”

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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Date: 10/7/2025

Your Name: Chandrachud Potdar

Manuscript Title: “Early Outcomes After Haploidentical Hematopoietic Cell Transplantation in Elderly Patients with Myeloid Malignancies in India: A Single Center Experience.”

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Date: 10/7/2025

Your Name: Bharath Vikrem

Manuscript Title: “Early Outcomes After Haploidentical Hematopoietic Cell Transplantation in Elderly Patients with Myeloid Malignancies in India: A Single Center Experience.”

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

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Date: 10/7/2025

Your Name: Manoj Kumar Singh

Manuscript Title: “Early Outcomes After Haploidentical Hematopoietic Cell Transplantation in Elderly Patients with Myeloid Malignancies in India: A Single Center Experience.”

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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: 10/7/2025

Your Name: Dinesh Chandra

Manuscript Title: “Early Outcomes After Haploidentical Hematopoietic Cell Transplantation in Elderly Patients with Myeloid Malignancies in India: A Single Center Experience.”.

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: 10/7/2025

Your Name: Khaliqur Rahman

Manuscript Title: “Early Outcomes After Haploidentical Hematopoietic Cell Transplantation in Elderly Patients with Myeloid Malignancies in India: A Single Center Experience.”

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

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ICMJE DISCLOSURE FORM

Date: 10/7/2025

Your Name: Ruchi Gupta

Manuscript Title: “Early Outcomes After Haploidentical Hematopoietic Cell Transplantation in Elderly Patients with Myeloid Malignancies in India: A Single Center Experience.”

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

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Date: 10/7/2025

Your Name: Rajesh Kashyap

Manuscript Title: “Early Outcomes After Haploidentical Hematopoietic Cell Transplantation in Elderly Patients with Myeloid Malignancies in India: A Single Center Experience.”

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

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