ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Guanheng</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Yang</td>
</tr>
<tr>
<td>3. Date</td>
<td>10-January-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☐ No ☑</td>
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<tr>
<td></td>
<td>Corresponding Author’s Name</td>
</tr>
<tr>
<td></td>
<td>Fanyi Zeng</td>
</tr>
</tbody>
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#### 5. Manuscript Title

Therapeutic effects of induced pluripotent stem cells in chimeric mice with β-thalassemia

#### 6. Manuscript Identifying Number (if you know it)

HAEMATOL/2013/087916

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Are there any relevant conflicts of interest?  ☐ Yes  ☑ No

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Dr. Yang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Wansheng
2. Surname (Last Name)  Shi
3. Date  10-January-2014
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Therapeutic effects of induced pluripotent stem cells in chimeric mice with β-thalassemia
6. Manuscript Identifying Number (if you know it)
HAEMATOL/2013/087916

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Dr. Shi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Xingyin
2. Surname (Last Name)  Hu
3. Date  10-January-2014
4. Are you the corresponding author?  Yes  No
   ✔
   Corresponding Author’s Name  Fanyi Zeng
5. Manuscript Title  Therapeutic effects of induced pluripotent stem cells in chimeric mice with β-thalassemia
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2013/087916

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Are there any relevant conflicts of interest?  Yes  No  ✔

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Dr. Hu has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jingzhi

2. Surname (Last Name)  
   Zhang

3. Date  
   10-January-2014

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Fanyi Zeng

5. Manuscript Title  
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Gong
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Zhijuan

2. Surname (Last Name)  
   Gong

3. Date  
   10-January-2014

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- **Licensed:** The patent has been licensed to an entity, whether earning royalties or not
- **Royalties:** Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Xinbing

2. Surname (Last Name)  
   Guo

3. Date  
   10-January-2014

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Fanyi Zeng

5. Manuscript Title  
   Therapeutic effects of induced pluripotent stem cells in chimeric mice with β-thalassemia

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2013/087916

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ☑ No

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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Dr. Guo has nothing to disclose.

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<tr>
<th>1. Given Name (First Name)</th>
<th>Zhaorui</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Ren</td>
</tr>
<tr>
<td>3. Date</td>
<td>10-January-2014</td>
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</table>

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   ✔  

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<tr>
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<td>Fanyi</td>
</tr>
<tr>
<td>2. Surname (Last Name)</td>
<td>Zeng</td>
</tr>
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