ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Information

1. Given Name (First Name)  Junjie
2. Surname (Last Name)  Fan

4. Are you the corresponding author?  □ Yes  ✔ No

5. Manuscript Title
Influence of KIT mutations on prognosis of pediatric patients with core-binding factor acute myeloid leukemia: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)
TP-20-102

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Dr. Fan has nothing to disclose.

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1. Given Name (First Name) Li
2. Surname (Last Name) Gao
3. Date

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Shaoyan Hu

5. Manuscript Title
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Dr. Gao has nothing to disclose.

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   Corresponding Author’s Name Shaoyan Hu

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