ICMJE DISCLOSURE FORM

Date: 2021-3-9
Your Name: Yiyang Liu
Manuscript Title: Surgical treatment of recurrent acute lymphoblastic leukemia with humeral osteomyelitis as the first symptom: a case report and literature review
Manuscript number (if known): ____________________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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|   | **No time limit for this item.**                                                                  |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                          | None |
| 3 | Royalties or licenses                                                                            | None |
| 4 | Consulting fees                                                                                 | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |                                                                                           | None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony                                                                | None |
| 7 | Support for attending meetings and/or travel                                                | None |
| 8 | Patents planned, issued or pending                                                           | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                           | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11| Stock or stock options                                                                      | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services             | None |
| 13| Other financial or non-financial interests                                                   | None |

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There is no any conflict of interest.

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Date: 2021-3-9
Your Name: Chun Zhang
Manuscript Title: Surgical treatment of recurrent acute lymphoblastic leukemia with humeral osteomyelitis as the first symptom: a case report and literature review
Manuscript number (if known): __________________________________________________________________________

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| 4  | Consulting fees                                                                                | None |
|    | **Time frame: past 36 months**                                                                 | **Time frame: past 36 months**                                                    |
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Date: 2021-3-9
Your Name: Lifeng Shen
Manuscript Title: Surgical treatment of recurrent acute lymphoblastic leukemia with humeral osteomyelitis as the first symptom: a case report and literature review
Manuscript number (if known): ________________________________________________________________

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| 3 | Royalties or licenses                                                                         | None                                                                                |
| 4 | Consulting fees                                                                               | None                                                                                |
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Date: 2021-3-9
Your Name: Haiyong Ren
Manuscript Title: Surgical treatment of recurrent acute lymphoblastic leukemia with humeral osteomyelitis as the first symptom: a case report and literature review
Manuscript number (if known): __________________________________________________________

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| **3** | Royalties or licenses | None |
| **4** | Consulting fees | None |

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Time frame: past 36 months
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|11 | Stock or stock options                                                        | None   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
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Date: 2021-3-9
Your Name: Yangjun Lao
Manuscript Title: Surgical treatment of recurrent acute lymphoblastic leukemia with humeral osteomyelitis as the first symptom: a case report and literature review
Manuscript number (if known): 

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Date: 2021-3-9
Your Name: Meng Zhou
Manuscript Title: Surgical treatment of recurrent acute lymphoblastic leukemia with humeral osteomyelitis as the first symptom: a case report and literature review
Manuscript number (if known): ________________________________________________________

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| 3    | Royalties or licenses | None | None |
| 4    | Consulting fees | None | None |
|   |                                                                 |        |
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| 6 | Payment for expert testimony                                   | None   |
| 7 | Support for attending meetings and/or travel                    | None   |
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|   | Board or Advisory Board                                         |        |
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|   | or advocacy group, paid or unpaid                               |        |
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**Date:** 2021-3-9  
**Your Name:** Huifang Jiang  
**Manuscript Title:** Surgical treatment of recurrent acute lymphoblastic leukemia with humeral osteomyelitis as the first symptom: a case report and literature review  
**Manuscript number (if known):** ________________________________

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Date: 2021-3-9
Your Name: Bingyuan Lin
Manuscript Title: Surgical treatment of recurrent acute lymphoblastic leukemia with humeral osteomyelitis as the first symptom: a case report and literature review
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