CONFLICT OF INTEREST DECLARATION

It is important that you return this form upon submission. We will not publish your article without completion and return of this form.

Title of Paper:

Please tick one of the following boxes:

☐ We have no conflict of interest to declare.

☐ We have a competing interest to declare (please fill in box below):

This statement is to certify that all Authors have seen and approved the manuscript being submitted. We warrant that the article is the Authors' original work. We warrant that the article has not received prior publication and is not under consideration for publication elsewhere. On behalf of all Co-Authors, the corresponding Author shall bear full responsibility for the submission.

This research has not been submitted for publication nor has it been published in whole or in part elsewhere. We attest to the fact that all Authors listed on the title page have contributed significantly to the work, have read the manuscript, attest to the validity and legitimacy of the data and its interpretation, and agree to its submission to Hematology /Oncology and stem cell therapy.

All authors agree that author list is correct in its content and order and that no modification to the author list can be made without the written acceptance of all authors and the formal approval of the Editor-in-Chief. All authors accept that the Editor-in-Chief's decisions over acceptance or rejection or in the event of any breach of the Principles of Ethical Publishing in Hematology /Oncology and stem cell therapy being discovered, of retraction are final.

Author Signature

Print Name

☐ Please check this box if you are submitting this on behalf of all authors.