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)  Jun
2. Surname (Last Name)  Liu
3. Date  30-December-2020
4. Are you the corresponding author?  No

Corresponding Author’s Name  Xu Zhang

5. Manuscript Title
Single-cell RNA sequencing of Peripheral Blood Mononuclear Cells from the Patient with acute promyelocytic leukemia: A Case Study
6. Manuscript Identifying Number (if you know it)
AOB-20-65

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Dr. Liu has nothing to disclose.

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### Identifying Information

1. Given Name (First Name)  
   Lijuan
2. Surname (Last Name)  
   Lu
3. Date  
   30-December-2020
4. Are you the corresponding author?  
   Yes ☑ No
5. Manuscript Title  
   Single-cell RNA sequencing of Peripheral Blood Mononuclear Cells from the Patient with acute promyelocytic leukemia: A Case Study
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Dr. Lu has nothing to disclose.

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
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<td>Liting</td>
<td>Liang</td>
<td>30-December-2020</td>
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</table>

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author's Name

Xu Zhang

5. Manuscript Title

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1. Given Name (First Name)  
   Hui

2. Surname (Last Name)  
   zhang

3. Date  
   30-December-2020

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Corresponding Author's Name  
Xu Zhang

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   zhang

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   [x] No

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