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**Abstract**

**Background**

Describe the context and purpose of the study.

**Results**

Write the main findings.

**Conclusions**

Present a brief summary and potential implications.

**Keywords**

Three to ten keywords representing the main content of the article.

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The Background section should explain the background to the study, its aims, a summary of the existing literature and why this study was necessary or its contribution to the field.

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**Fig. 1**



TPM1-deficient hematopoietic progenitor cells yield normal-to-increased quantities of functional megakaryocytes and erythroid cells. **a** WT and KO HPCs put into MK expansion culture generate equivalent numbers of MKs. Points represent CD41+/CD42b+ MK percentage multiplied by total cell count, normalized to cell count on day 0. ns, not significant. **b** TPM1 KO MKs respond appropriately to platelet agonists. WT and KO MKs were incubated with Convulxin (CV) or Thrombin (Thr) at the indicated concentrations, and the percentage of activated MKs (PAC-1+/CD41+/CD42b+) were quantified. \*p < 0.05 by ANOVA vs WT. **c** KO HPCs put into erythroid expansion culture generate more erythroid cells than WT HPCs. Points represent CD235+ percentage multiplied by total cell count, normalized to cell count on day 0. \*\*p < 0.01 by ANOVA. **d** Model in which KO iPSCs yield more HPCs than WT, generating more total blood cells

**Table 1 Table title (max 15 words). Legend (max 300 words) should be included underneath the table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Characteristics** | **Group A** | **Group B** | **Group A+B** | **Group C** |
| **Age (years)** | 3.0 (0.9–7.5) | 1.0 (1.0–4.5) | 1.0 (1.0–4.5) | 1.0 (1.0–4.5) |
| > 2.5 | 22/43 (51%) | 21/43 (49%) | 21/43 (49%) | 21/43 (49%) |
| ≤ 2.5 | 21/43 (49%) | 4/7 (57%) | 4/7 (57%) | 4/7 (57%) |
| **Sex** |
| male | 23/43 (53%) | 5/7 (71%) | 5/7 (71%) | 5/7 (71%) |
| female | 20/43 (47%) | 2/7 (29%) | 2/7 (29%) | 2/7 (29%) |
| **Clinical status** |
| Asymptomatica | 0/43 (0%) | 2/7 (29%) | 2/50 (4%) | 0/26 (0%) |
| Very mild | 0/43 (0%) | 5/7 (71%) | 5/50 (10%) | 0/26 (0%) |
| Mild | 41/43 (95%) | 0/7 (0%) | 41/50 (82%) | 26/26 (100%) |
| Severe | 0/43 (0%) | 0/7 (0%) | 0/50 (0%) | 0/26 (0%) |
| Critically ill | 2/43 (5%) | 0/7 (0%) | 2/50 (4%) | 0/26 (0%) |
| **Symptoms** |
| Fever | 29/43 (67%) | 3/7 (43%) | 32/50 (64%) | 21/26 (81%) |
| Cough | 21/43 (49%) | 1/7 (14%) | 22/50 (44%) | 19/26 (73%) |
| Myalgia/fatigue | 2/43 (5%) | 0/7 (0%) | 2/50 (4%) | 0/26 (0%) |
| Sore throat  | 1/43 (2%) | 0/7 (0%) | 1/50 (2%) | 0/26 (0%) |
| Diarrhea | 3/43 (7%) | 0/7 (0%) | 3/50 (6%) | 0/26 (0%) |

aNo clinical symptoms and no abnormal CT findings

Results that would otherwise be indicated as "data not shown" should be included as additional files. BioMed Central requires that supporting data are included as additional files or deposited in a recognized repository. The maximum file size for additional files is 20 MB each. Each additional file should be cited in sequence within the main body of text. For more information on additional files, visit: [here](https://www.biomedcentral.com/getpublished/writing-resources/additional-files?utm_source=other_website&utm_medium=display&utm_content=mpu&utm_campaign=BSCN_3_CZ01_CN_BMCBio_Template).

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* the characteristics of participants or description of materials,
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* the type of statistical analysis used, including a power calculation if appropriate.

**List of Abbreviations**

If abbreviations are used in the text, they should be defined in the text at first use, and a list of abbreviations should be provided as below:

**3Di:** Developmental, Dimensional and Diagnostic Interview

**ABC:** Antecedents, Behaviours and Consequences (chart)

**ACE:** ADHD Child Evaluation

**References**

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