ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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2. **The work under consideration for publication.**
   
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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lucia
2. Surname (Last Name) Brandimarte
3. Date 12-February-2014
4. Are you the corresponding author? Yes ☐ No ☑
Corresponding Author’s Name Cristina Mecucci

5. Manuscript Title
DDX3X-MLLT10 fusion in adults with NOTCH1 positive T-cell acute lymphoblastic leukemia
6. Manuscript Identifying Number (if you know it)
HAEMATOL/2013/101725

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Dr. Brandimarte has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Roberta
2. **Surname (Last Name)**
   - La Starza
3. **Date**
   - 12-February-2014
4. **Are you the corresponding author?**
   - Yes
5. **Manuscript Title**
   - DDX3X-MLLT10 fusion in adults with NOTCH1 positive T-cell acute lymphoblastic leukemia
6. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2013/101725

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

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La Starza
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Dr. La Starza has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Valentina
2. Surname (Last Name) Gianfelici
3. Date 12-February-2014
4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author’s Name
Cristina Mecucci

5. Manuscript Title
DDX3X-MLLT10 fusion in adults with NOTCH1 positive T-cell acute lymphoblastic leukemia

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Dr. Gianfelici has nothing to disclose.

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<table>
<thead>
<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gianluca</td>
<td>Barba</td>
<td>12-February-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes ☐  
   - No ☑

Corresponding Author’s Name  
Cristina Mecucci

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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- No ☑

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Dr. Barba has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Valentina
2. Surname (Last Name)  Pierini
3. Date  12-February-2014
4. Are you the corresponding author?  ✔ No
5. Manuscript Title  DDX3-MLLT10 fusion in adults with NOTCH1 positive T-cell acute lymphoblastic leukemia
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2013/101725

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Dr. Pierini has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
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<tr>
<th>1. Given Name (First Name)</th>
<th>Danika</th>
</tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Di Giacomo</td>
</tr>
<tr>
<td>3. Date</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Cristina Mecucci</td>
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<tr>
<td>5. Manuscript Title</td>
<td>DDX3X-MLLT10 fusion in adults with NOTCH1 positive T-cell acute lymphoblastic leukemia</td>
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<td>6. Manuscript Identifying Number (if you know it)</td>
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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Di Giacomo has nothing to disclose.

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Jan  
2. Surname (Last Name)  
Cools  
3. Date  
12-February-2014  
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☐ Yes  ☑ No  
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Cristina Mecucci  
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If yes, please fill out the appropriate information below.

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Dr. Cools reports grants from Johnson&Johnson, outside the submitted work.

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<tr>
<td>Loredana</td>
<td>Elia</td>
<td>12-February-2014</td>
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<thead>
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Dr. Elia has nothing to disclose.

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1. Given Name (First Name) Antonella
2. Surname (Last Name) Vitale
3. Date 12-February-2014
4. Are you the corresponding author? ✔ No
   Corresponding Author’s Name Cristina Mecucci
5. Manuscript Title DDX3X-MLLT10 fusion in adults with NOTCH1 positive T-cell acute lymphoblastic leukemia
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Dr. Vitale has nothing to disclose.

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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Antonella</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Bardi</td>
</tr>
<tr>
<td>3. Date</td>
<td>12-February-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Cristina Mecucci</td>
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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
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<tr>
<td>2. Surname (Last Name)</td>
<td>Chiaretti</td>
</tr>
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</tr>
<tr>
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Dr. Chiaretti has nothing to disclose.

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1. Given Name (First Name)  
   Caterina

2. Surname (Last Name)  
   Matteucci

3. Date  
   12-February-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. **Given Name (First Name)**
   - Giorgina

2. **Surname (Last Name)**
   - Specchia

3. **Date**
   - 12-February-2014

4. **Are you the corresponding author?**
   - No

   **Corresponding Author’s Name**
   - Cristina Mecucci

5. **Manuscript Title**
   - DDX3X-MLLT10 fusion in adults with NOTCH1 positive T-cell acute lymphoblastic leukemia

6. **Manuscript Identifying Number (if you know it)**
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   Mecucci

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