ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Alois
2. Surname (Last Name)  Gratwohl
3. Date  11-November-2013
4. Are you the corresponding author?  ✔ Yes  ☐ No

5. Manuscript Title
USE OF THE QUALITY MANAGEMENT SYSTEM “JACIE” AND OUTCOME AFTER HAEMATOPOIETIC STEM CELL TRANSPLANTATION

6. Manuscript Identifying Number (if you know it)
HAEMATOLOGY/2013/096461

Section 2. The Work Under Consideration for Publication

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.)?  ✔ Yes  ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<td>&quot;JACIE&quot;</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☑</td>
<td>Eoin McGrath is employee of JACIE</td>
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</table>

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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gratwohl reports other from "JACIE", during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Ronald

2. Surname (Last Name)  
Brand

3. Date  
11- November-2013

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

5. Manuscript Title  
USE OF THE QUALITY MANAGEMENT SYSTEM “JACIE” AND OUTCOME AFTER HAEMATOPOIETIC STEM CELL TRANSPLANTATION

6. Manuscript Identifying Number (if you know it)

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Dr. Brand 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)**  
   Eoin  
2. **Surname (Last Name)**  
   McGrath  
3. **Date**  
   11-November-2013  
4. **Are you the corresponding author?**  
   ✔ No  
5. **Corresponding Author’s Name**  
   Alois Gratwohl  
6. **Manuscript Title**  
   USE OF THE QUALITY MANAGEMENT SYSTEM “JACIE” AND OUTCOME AFTER HAEMATOPOIETIC STEM CELL TRANSPLANTATION  
7. **Manuscript Identifying Number (if you know it)**  
   HAEMATOL/2013/096461  

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Are there any relevant conflicts of interest?  

- ✔ No

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Mr. McGrath reports that he is the JACIE Operations Manager and as such, an EBMT employee.

Evaluation and Feedback

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<th>Anja van Biezen</th>
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<tr>
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<td>van Biezen</td>
</tr>
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<td>4. Are you the corresponding author?</td>
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<td>A. Gratwohl</td>
</tr>
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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Dr. van Biezen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Anna

2. Surname (Last Name)  
Sureda

3. Date  
22-November-2013

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

Corresponding Author’s Name
Alois Gratwohl

5. Manuscript Title  
USE OF THE QUALITY MANAGEMENT SYSTEM “JACIE” AND OUTCOME AFTER HAEMATOPOIETIC STEM CELL TRANSPLANTATION

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Dr. Sureda has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Per
2. Surname (Last Name) Ljungman
3. Date 19-November-2013
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Alois Gratwohl
5. Manuscript Title USE OF THE QUALITY MANAGEMENT SYSTEM “JACIE” AND OUTCOME AFTER HAEMATOPOIETIC STEM CELL TRANSPLANTATION
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/096461

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Dr. Ljungman 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)  Helen
2. Surname (Last Name)  Baldomero
3. Date  11-November-2013

4. Are you the corresponding author?  No

5. Manuscript Title  USE OF THE QUALITY MANAGEMENT SYSTEM “JACIE” AND OUTCOME AFTER HAEMATOPOIETIC STEM CELL TRANSPLANTATION

6. Manuscript Identifying Number (if you know it)

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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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Christian</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>CHABANNON</td>
</tr>
<tr>
<td>3. Date</td>
<td>18-November-2013</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Alois A GRATWOHL</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>USE OF THE QUALITY MANAGEMENT SYSTEM “JACIE” AND OUTCOME AFTER HAEMATOPOIETIC STEM CELL TRANSPLANTATION</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>HAEMATOL/2013/096461</td>
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</tbody>
</table>

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Section 1. Identifying Information

1. Given Name (First Name) Jane
2. Surname (Last Name) Apperley
3. Date 23-November-2013
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Alois Gratwohl
5. Manuscript Title USE OF THE QUALITY MANAGEMENT SYSTEM “JACIE” AND OUTCOME AFTER HAEMATOPOIETIC STEM CELL TRANSPLANTATION
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