ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Alessandra
2. Surname (Last Name)  Iurlo
3. Date  31-January-2014
4. Are you the corresponding author?  Yes ☑ No

5. Manuscript Title
Imatinib and ruxolitinib association: first experience in two patients

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2013/102525

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Dr. Iurlo 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)  
   Umberto

2. Surname (Last Name)  
   Gianelli

3. Date  
   31-January-2014

4. Are you the corresponding author?  
   - Yes
   - No
   ✔

Corresponding Author’s Name  
Alessandra Iurlo

5. Manuscript Title  
Imatinib and ruxolitinib association: first experience in two patients

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2013/102525

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Are there any relevant conflicts of interest?  
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- No
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   ✔

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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- No
   ✔
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Gianelli 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) Davide
2. Surname (Last Name) Rapezzi
3. Date 31-January-2014
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Alessandra Iurlo
5. Manuscript Title Imatinib and ruxolitinib association: first experience in two patients
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/102525

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Rapezzi has nothing to disclose.

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1. Given Name (First Name) Daniele
2. Surname (Last Name) Cattaneo
3. Date 31-January-2014
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Alessandra Iurlo
5. Manuscript Title
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<thead>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Elisa</td>
<td>Fermo</td>
<td>31-January-2014</td>
</tr>
</tbody>
</table>

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   - No  
   ✔ No  

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Dr. Fermo has nothing to disclose.

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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Francesca</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Binda</td>
</tr>
<tr>
<td>3. Date</td>
<td>31-January-2014</td>
</tr>
</tbody>
</table>
| 4. Are you the corresponding author? | Yes ✔ No | Corresponding Author’s Name
|                           | Alessandra Iurlo |
| 5. Manuscript Title       | Imatinib and ruxolitinib association: first experience in two patients |
| 6. Manuscript Identifying Number (if you know it) | HAEMATOL/2013/102525 |

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest? Yes ✔ No

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Elisa

2. **Surname (Last Name)**  
   Santambrogio

3. **Date**  
   31-January-2014

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

   **Corresponding Author’s Name**  
   Alessandra Iurlo

5. **Manuscript Title**  
   Imatinib and ruxolitinib association: first experience in two patients

6. **Manuscript Identifying Number (if you know it)**  
   HAEMATOL/2013/102525

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- No  
   ✔

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- Yes  
- No  
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- No  
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Section 1. Identifying Information

1. Given Name (First Name) Cristina
2. Surname (Last Name) Bucelli
3. Date 31-January-2014
4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author’s Name
Alessandra Iurlo

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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## Section 1. Identifying Information

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   - Agostino

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

3. **Date**
   - 31-January-2014

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Imatinib and ruxolitinib association: first experience in two patients

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