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.

1. Identifying information.

2. The work under consideration for publication.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. Given Name (First Name)  
Hajnalka

2. Surname (Last Name)  
Andrikovics

3. Date  
27-May-2014

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

5. Manuscript Title  
Distinct clinical characteristics in myeloproliferative neoplasms with calreticulin mutations

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/107482

## 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.)?  

Are there any relevant conflicts of interest?  
☑ 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>National Science Fund (OTKA K104903)</td>
<td>☑</td>
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<td>Janos Bolyai Research Scholarship from the Hungarian Academy of Sciences</td>
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<tr>
<td>MPN&amp;MPN-EuroNet (COST Action BM0902)</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>Support for travel to meetings and a training school</td>
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☐ Yes  ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Section 6. Disclosure Statement

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Dr. Andrikovics reports grants from National Science Fund (OTKA K104903), personal fees from Janos Bolyai Research Scholarship from the Hungarian Academy of Sciences, non-financial support from MPN&MPNr-EuroNet (COST Action BM0902), during the conduct of the study.

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Krahling
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Tunde

2. Surname (Last Name)  
   Krahling

3. Date  
   27-May-2014

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Hajnalka Andrikovics

5. Manuscript Title  
   Distinct clinical characteristics in myeloproliferative neoplasms with calreticulin mutations

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   HAEMATOL/2014/107482

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Are there any relevant conflicts of interest?  
   ✔ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement
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Dr. Krahling has nothing to disclose.

Evaluation and Feedback
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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In the present international scientific community, it is common to hear the terms “potential conflict of interest” or “conflicts of interest” (COIs). Conflicts of interest are situations in which an individual’s personal or financial interests might influence, or appear to influence, their decisions. Scientific journals are aware of the necessity of handling such situations properly. The International Committee of Medical Journal Editors (ICMJE) recommends a form designed to disclose potential conflicts of interest (COIs) that might influence the interpretation of work under consideration for publication. This 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)  
   Katalin

2. Surname (Last Name)  
   Balassa

3. Date  
   27-May-2014

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

   Corresponding Author’s Name  
   Hajnalka Andrikovics

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Dr. Balassa 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) Gabriella
2. Surname (Last Name) Halm
3. Date 27-May-2014
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   Distinct clinical characteristics in myeloproliferative neoplasms with calreticulin mutations
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/107482

Corresponding Author’s Name
Hajnalka Andrikovics

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name)  Andras
2. Surname (Last Name)  Bors
3. Date  27-May-2014
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author's Name  Hajnalka Andrikovics

5. Manuscript Title  Distinct clinical characteristics in myeloproliferative neoplasms with calreticulin mutations
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/107482

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Dr. Bors reports grants from National Science Fund (OTKA K104903), during the conduct of the study.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Magdalena
2. Surname (Last Name) Koszarska
3. Date 27-May-2014
4. Are you the corresponding author? Yes ☑️ No

Corresponding Author’s Name
Hajnalka Andrikovics

5. Manuscript Title
Distinct clinical characteristics in myeloproliferative neoplasms with calreticulin mutations

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/107482

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Are there any relevant conflicts of interest? 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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**Section 1. Identifying Information**

1. Given Name (First Name)  
Arpad

2. Surname (Last Name)  
Batai

3. Date  
27-May-2014

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Hajnalka Andrikovics

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Dr. Batai has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Janos

2. Surname (Last Name)  
   Dolgos

3. Date  
   27-May-2014

4. Are you the corresponding author?  
   ✔ No

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

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- **Licensed:** The patent has been licensed to an entity, whether earning royalties or not
- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  Andrea
2. Surname (Last Name)    Sipos
3. Date                   27-May-2014
4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name          Hajnalka Andrikovics

5. Manuscript Title
Distinct clinical characteristics in myeloproliferative neoplasms with calreticulin mutations

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/107482

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.)?

Are there any relevant conflicts of interest?  ☑ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ No
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sipos has nothing to disclose.

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Remenyi
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peter
2. Surname (Last Name) Remenyi
3. Date 27-May-2014
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name Hajnalka Andrikovics
5. Manuscript Title Distinct clinical characteristics in myeloproliferative neoplasms with calreticulin mutations
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107482

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Dr. Remenyi 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) Attila
2. Surname (Last Name) Tordai
3. Date 27-May-2014
4. Are you the corresponding author? ☑ Yes  ☐ No  
   Corresponding Author’s Name Hajnalka Andrikovics

5. Manuscript Title Distinct clinical characteristics in myeloproliferative neoplasms with calreticulin mutations
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107482

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Are there any relevant conflicts of interest?  ☑ 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>National Science Fund (OTKA K104903)</td>
<td>☑ Yes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Grant paid to the institution</td>
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Dr. Tordai reports grants from National Science Fund (OTKA K104903), during the conduct of the study.

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Masszi
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

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<th>1. Given Name (First Name)</th>
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<tr>
<td>Tamas</td>
<td>Masszi</td>
<td>27-May-2014</td>
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4. Are you the corresponding author? [ ] Yes [X] No

4. Corresponding Author’s Name
Hajnalka Andrikovics

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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