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.

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Julie
2. Surname (Last Name)  Vrana
3. Date  27-February-2014
4. Are you the corresponding author?  Yes  No  ✔
5. Manuscript Title  Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2013/102764

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  ✔

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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?  Yes  No  ✔
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- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Vrana 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)**
   Jason

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

3. **Date**
   28-February-2014

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

5. **Corresponding Author’s Name**
   Ahmet Dogan

6. **Manuscript Title**
   Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics

7. **Manuscript Identifying Number (if you know it)**
   HAEMATOL/2013/102764

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  - Yes
  - No
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  - No
  ✔ Yes

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  - No
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
Surendra

2. Surname (Last Name) 
Dasari

3. Date 
27-February-2014

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

Corresponding Author’s Name 
Ahmet Dogan

5. Manuscript Title
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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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Dr. Dasari has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Mereuta</td>
<td>28-February-2014</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name

| Ahmet Dogan |

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

HAEMATOL/2013/102764

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Angela
2. Surname (Last Name) Dispenzieri
3. Date 26-February-2014
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author's Name Ahmet Dogan
5. Manuscript Title
   Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics
6. Manuscript Identifying Number (if you know it)
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Dr. Dispenzieri has nothing to disclose.

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*Zeldenrust*
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Steven
2. Surname (Last Name) Zeldenrust
3. Date 28-February-2014
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Ahmet Dogan
5. Manuscript Title Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics
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Are there any relevant conflicts of interest? ☑ No

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

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Dr. Zeldenrust has nothing to disclose.

Evaluation and Feedback

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1. Identifying information.
   Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.
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4. Other relationships.
   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Morie

2. Surname (Last Name)  
   Gertz

3. Effective Date (07-August-2008)  
   02-January-2013

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Nelson Leung

5. Manuscript Title  
   A detailed evaluation of the current renal response criteria in AL amyloidosis: Is it time for a revision?

6. Manuscript Identifying Number (if you know it)  
   Haematol/2012/079210

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

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

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<thead>
<tr>
<th>The Work Under Consideration for Publication</th>
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<tbody>
<tr>
<td><strong>Type</strong></td>
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<td>1. Grant</td>
</tr>
<tr>
<td>2. Consulting fee or honorarium</td>
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<tr>
<td>3. Support for travel to meetings for the study or other purposes</td>
</tr>
<tr>
<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
</tr>
<tr>
<td>5. Payment for writing or reviewing the manuscript</td>
</tr>
<tr>
<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication

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<th>Type</th>
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<td>7. Other</td>
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<td>☐</td>
<td></td>
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</tr>
</tbody>
</table>

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to submission.

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<tr>
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<td>✔</td>
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<td>4. Expert testimony</td>
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<td>6. Payment for lectures including service on speakers bureaus</td>
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</tr>
<tr>
<td>7. Payment for manuscript preparation</td>
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Gertz
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### Relevant financial activities outside the submitted work

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</thead>
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<td>10. Payment for development of educational presentations</td>
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</tr>
<tr>
<td>11. Stock/stock options</td>
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<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
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</tr>
</tbody>
</table>

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

### Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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5. Relationships not covered above.

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

1. Given Name (First Name)  Julie
2. Surname (Last Name)  Vrana
3. Date  27-February-2014
4. Are you the corresponding author?  No
5. Manuscript Title
   Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2013/102764

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.)?  No

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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Vrana has nothing to disclose.

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4. **Intellectual Property.**

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- **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Karen
2. Surname (Last Name) Grogg
3. Date 28-February-2014
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Ahmet Dogan

5. Manuscript Title
   Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics

6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2013/102764

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 ☑

Section 3. Relevant financial activities outside the submitted work.

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

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Grogg has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ahmet

2. Surname (Last Name)  
   Dogan

3. Date  
   28-February-2014

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

5. Manuscript Title  
   Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics

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Are there any relevant conflicts of interest?  
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   ✔ No

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

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

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