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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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) Eric
2. Surname (Last Name) Lippert
3. Date 17-April-2014

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

5. Manuscript Title Clinical and biological characterization of patients with low (0.1-2%) JAK2V617F allele burden at diagnosis

6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107656

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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Section 6. Disclosure Statement

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Dr. Lippert reports grants from Ligue Contre le Cancer-Aquitaine Charentes, grants from Association Parentraides, during the conduct of the study.

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) | Olivier
2. Surname (Last Name) | Mansier
3. Date | 17-April-2014
4. Are you the corresponding author? | Yes ☑ No
5. Manuscript Title
   Clinical and biological characterization of patients with low (0.1-2%) JAK2V617F allele burden at diagnosis
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/107656

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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 ☑

### 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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Dr. Mansier has nothing to disclose.

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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) Marina
2. Surname (Last Name) Migeon
3. Date 18-April-2014
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Eric Lippert
5. Manuscript Title Clinical and biological characterization of patients with low (0.1-2%) JAK2V617F allele burden at diagnosis
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107656

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Migeon 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)  
   Barbara

2. Surname (Last Name)  
   Denys

3. Date  
   18-April-2014

4. Are you the corresponding author?  
   Yes  
   ✔  
   No

   Corresponding Author's Name  
   Eric Lippert

5. Manuscript Title  
   Clinical and biological characterization of patients with low (0.1-2%) JAK2V617F allele burden at diagnosis

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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   ✔  
   No

## 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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   ✔  
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Dr. Denys has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Asa

2. Surname (Last Name)  
Nilsson

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18-April-2014

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☐ Yes  ☑ No

Corresponding Author’s Name  
Eric Lippert

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Dr. Nilsson has nothing to disclose.

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

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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)**
   Laurence

2. **Surname (Last Name)**
   Lodé

3. **Date**
   18-April-2014

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

5. **Manuscript Title**
   Clinical and biological characterization of patients with low (0.1-2%) JAK2V617F allele burden at diagnosis

6. **Manuscript Identifying Number (if you know it)**
   HAEMATOL/2014/107656

## 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.

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 publication.

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
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

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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. Lodé 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)  
   Valérie  
2. Surname (Last Name)  
   Ugo  
3. Date  
   19-April-2014  
4. Are you the corresponding author?  
   ☑ No  
5. Manuscript Title  
   Clinical and biological characterization of patients with low (0.1-2%) JAK2V617F allele burden at diagnosis  
6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/107656

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Dr. Ugo has nothing to disclose.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Axelle</td>
<td>Lascaux</td>
<td>18-April-2014</td>
</tr>
</tbody>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Eric Lippert

5. Manuscript Title
Clinical and biological characterization of patients with low (0.1-2%) JAK2V617F allele burden at diagnosis

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/107656

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Are there any relevant conflicts of interest? [ ] Yes [ ] No

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### Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Lascaux has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Beatriz</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Bellosillo</td>
</tr>
<tr>
<td>3. Date</td>
<td>18-April-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>Eric Lippert</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Clinical and biological characterization of patients with low (0.1-2%) JAK2V617F allele burden at diagnosis</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>HAEMATOL/2014/107656</td>
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## 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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## Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Bellosillo 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) Joaquin
2. Surname (Last Name) Martinez-Lopez
3. Date 21-April-2014
4. Are you the corresponding author? ☐ Yes ☑ No
5. Manuscript Title
Clinical and biological characterization of patients with low (0.1-2%) JAK2V617F allele burden at diagnosis
6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/107656

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Dr. Martinez-Lopez has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Nathalie G.

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

3. **Date**
   17-April-2014

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No
   **Corresponding Author’s Name**
   Eric Lippert

5. **Manuscript Title**
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**Are there any relevant conflicts of interest?**

- [ ] Yes
- [x] No

### 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 publication.

**Are there any relevant conflicts of interest?**

- [ ] Yes
- [x] No

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

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

- [ ] Yes
- [x] No
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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Gachard has nothing to disclose.

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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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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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
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) Nicolas  
2. Surname (Last Name) Maroc  
3. Date 17-April-2014  
4. Are you the corresponding author?  
   - Yes ☐  
   - No ✔  
   Corresponding Author’s Name Eric Lippert  
5. Manuscript Title  
   Clinical and biological characterization of patients with low (0.1-2%) JAK2V617F allele burden at diagnosis  
6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/107656

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   - 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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   - No ✔

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Dr. MAROC reports other from null, during the conduct of the study.

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1. Given Name (First Name)  
   Sylvie

2. Surname (Last Name)  
   Hermouet

3. Date  
   17-April-2014

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Eric Lippert

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