

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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4. Intellectual Property.

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

5. Relationships not covered above.

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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) Karthik	2. Surname (Last Name) Ganapathi	3. Date 28-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elaine S. Jaffe
5. Manuscript Title Early lymphoid lesions: conceptual, diagnostic and clinical challenges		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107938		

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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

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Dr. Ganapathi 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) Stefania	2. Surname (Last Name) Pittaluga	3. Date 28-May-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Elaine S. Jaffe
5. Manuscript Title Early lymphoid lesions: conceptual, diagnostic and clinical challenges		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107938		

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Dr. Pittaluga has nothing to disclose.

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1. Given Name (First Name) Oreofe	2. Surname (Last Name) Odejide	3. Date 28-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Elaine S. Jaffe
5. Manuscript Title Early lymphoid lesions: conceptual, diagnostic and clinical challenges		
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Dr. Odejide has nothing to disclose.

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1. Given Name (First Name) Arnold	2. Surname (Last Name) Freedman	3. Date 28-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jaffe, Elaine
5. Manuscript Title Early lymphoid lesions: conceptual, diagnostic and clinical challenges		
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Immunogen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	protocol support
Axio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DSMB

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. Freedman reports grants from Immunogen, other from Axio, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Elaine

2. Surname (Last Name)

Jaffe

3. Date

28-May-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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