ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
Camilla

2. Surname (Last Name)  
Nielsen

3. Date  
06-May-2014

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Henrik Birgens

5. Manuscript Title  
JAK2V617F somatic mutation in the general population: myeloproliferative neoplasm development and progression rate

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/107631

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Dr. Nielsen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Stig  

2. Surname (Last Name)  
   Bojesen  

3. Date  
   06-May-2014  

4. Are you the corresponding author?  
   ✔ No  

   Corresponding Author’s Name  
   Henrik Birgens  

5. Manuscript Title  
   JAK2V617F somatic mutation in the general population: myeloproliferative neoplasm development and progression rate  

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Dr. Bojesen has nothing to disclose.

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Borge</td>
<td>Nordestgaard</td>
<td>06-May-2014</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Henrik Birgens

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1. Given Name (First Name)  
Klaus

2. Surname (Last Name)  
Kofoed

3. Date  
06-May-2014

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Corresponding Author’s Name  
Henrik Birgens

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

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1. Given Name (First Name)  
   Henrik

2. Surname (Last Name)  
   Birgens

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   06-May-2014

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   ☐ No

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