ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. **Identifying information.**

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<tr>
<td>PATRICE</td>
<td>CHEVALLIER</td>
<td>12-May-2014</td>
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4. Are you the corresponding author?  
   - Yes [ ]  
   - No [ ]

5. Manuscript Title  
   Results from a clofarabine-busulfan containing reduced-toxicity conditioning regimen prior to allogeneic stem cell transplantation: the phase II prospective CLORIC trial.

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/108563

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Dr. CHEVALLIER 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)  MYRIAM
2. Surname (Last Name)  Labopin
3. Date  05-December-2014
4. Are you the corresponding author?  Yes  ✔ No

Corresponding Author’s Name  PATRICE CHEVALLIER

5. Manuscript Title  Results from a clofarabine-busulfan containing reduced-toxicity conditioning regimen prior to allogeneic stem cell transplantation: the phase II prospective CLORIC trial.
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/108563

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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.)?

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<tr>
<td>GERARD</td>
<td>SOCIE</td>
<td>12-May-2014</td>
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4. Are you the corresponding author?  
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   - No  
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5. Manuscript Title  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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## Section 1. Identifying Information

1. Given Name (First Name)  
   Reza  
2. Surname (Last Name)  
   Tabrizi  
3. Date  
   12-May-2014  
4. Are you the corresponding author?  
   No  
5. Manuscript Title  
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Furst
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Sabine

2. **Surname (Last Name)**
   - Furst

3. **Date**
   - 12-May-2014

4. **Are you the corresponding author?**
   - Yes [✓ No]

   **Corresponding Author’s Name**
   - PATRICE CHEVALLIER

5. **Manuscript Title**
   - Results from a clofarabine-busulfan containing reduced-toxicity conditioning regimen prior to allogeneic stem cell transplantation: the phase II prospective CLORIC trial.

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

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
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<tr>
<td>Bruno</td>
<td>Lioure</td>
<td>12-May-2014</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

PATRICE CHEVALLIER

5. Manuscript Title

Results from a clofarabine-busulfan containing reduced-toxicity conditioning regimen prior to allogeneic stem cell transplantation: the phase II prospective CLORIC trial.

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/108563

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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

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Dr. Lioure has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Thierry

2. Surname (Last Name)  
   Guillaume

3. Date  
   12-May-2014

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Results from a clofarabine-busulfan containing reduced-toxicity conditioning regimen prior to allogeneic stem cell transplantation: the phase II prospective CLORIC trial.

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Dr. Guillaume has nothing to disclose.

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Delaunay
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jacques
2. Surname (Last Name)  Delaunay
3. Date  12-May-2014
4. Are you the corresponding author?  ☑ No
5. Manuscript Title
Results from a clofarabine-busulfan containing reduced-toxicity conditioning regimen prior to allogeneic stem cell transplantation: the phase II prospective CLORIC trial.
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HAEMATOL/2014/108563

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Regis

2. Surname (Last Name)  
   Peffault de La Tour

3. Date  
   12-May-2014

4. Are you the corresponding author?  
   Yes [x]  No

   Corresponding Author’s Name  
   PATRICE CHEVALLIER

5. Manuscript Title  
   Results from a clofarabine-busulfan containing reduced-toxicity conditioning regimen prior to allogeneic stem cell transplantation: the phase II prospective CLORIC trial.

6. Manuscript Identifying Number (if you know it)  
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Dr. Peffault de La Tour has nothing to disclose.
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### Section 1. Identifying Information

1. Given Name (First Name)  Stephane  
2. Surname (Last Name)  Vigouroux  
3. Date  13-May-2014  
4. Are you the corresponding author?  Yes  ✔  No  
5. Manuscript Title  Results from a clofarabine-busulfan containing reduced-toxicity conditioning regimen prior to allogeneic stem cell transplantation: the phase II prospective CLORIC trial.  
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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) Jean
2. Surname (Last Name) El-Cheikh
3. Date 13-May-2014
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name PATRICE CHEVALLIER

5. Manuscript Title Results from a clofarabine-busulfan containing reduced-toxicity conditioning regimen prior to allogeneic stem cell transplantation: the phase II prospective CLORIC trial.
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108563

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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Dr. El-Cheikh has nothing to disclose.

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   Didier

2. Surname (Last Name) 
   Blaise

3. Date 
   13-May-2014

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   Corresponding Author's Name 
   PATRICE CHEVALLIER

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Mauricette

2. Surname (Last Name)  
Michallet

3. Date  
13-May-2014

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

Corresponding Author’s Name  
PATRICE CHEVALLIER

5. Manuscript Title  
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Yes ☑  No ☐

If yes, please fill out the appropriate information below.

<table>
<thead>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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Dr. Michallet reports grants from Genzyme, outside the submitted work.

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<tr>
<td>Karin</td>
<td>Bilger</td>
<td>13-May-2014</td>
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4. Are you the corresponding author? [ ] Yes [X] No

<table>
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<tr>
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<tr>
<td>PATRICE CHEVALLIER</td>
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1. Given Name (First Name)  
   Philippe

2. Surname (Last Name)  
   Moreau

3. Date  
   13-May-2014

4. Are you the corresponding author?  
   Yes

   ✔  No

   **Corresponding Author’s Name**  
   PATRICE CHEVALLIER

5. Manuscript Title  
   Results from a clofarabine-busulfan containing reduced-toxicity conditioning regimen prior to allogeneic stem cell transplantation: the phase II prospective CLORIC trial.

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/108563

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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

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☐ 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  

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Section 6. Disclosure Statement

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Dr. Moreau 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”.

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

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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.

Definitions.

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

**Grant:** A grant from an entity, generally (but not always) paid to your organization

**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

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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
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1. Given Name (First Name) Mohamad
2. Surname (Last Name) MOHTY
3. Date 13-May-2014
4. Are you the corresponding author? Yes ☐ No ☑
Corresponding Author’s Name CHEVALLIER Patrice
5. Manuscript Title
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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
If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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