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Section 1. Identifying Information

1. Given Name (First Name)  
   Diane

2. Surname (Last Name)  
   Hanna

3. Date  
   28-April-2014

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

   Corresponding Author’s Name  
   Jordan Hansford

5. Manuscript Title  
   A unique case of refractory primary mediastinal B cell lymphoma with JAK3 mutation and the role for targeted therapy

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/108142

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Are there any relevant conflicts of interest?  
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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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[Disclosure statement]

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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) | Andrew |
| 2. Surname (Last Name) | Fellowes |
| 3. Date | 01-May-2014 |
| 4. Are you the corresponding author? | No |
| 5. Manuscript Title | A unique case of refractory primary mediastinal B cell lymphoma with JAK3 mutation and the role for targeted therapy |
| 6. Manuscript Identifying Number (if you know it) | HAEMATOL/2014/108142 |

### 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**
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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Dr. Fellowes 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)  Ravikiran
2. Surname (Last Name)     Vedururu
3. Date  29-April-2014
4. Are you the corresponding author?  ☑ No  Corresponding Author’s Name  Jordan Hansford
5. Manuscript Title  A unique case of refractory primary mediastinal B cell lymphoma with JAK3 mutation and the role for targeted therapy
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/108142

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.)?
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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?  ☑ No
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Mr. Vedururu 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)  Francoise
2. Surname (Last Name)  Mechinaud
3. Date  01-May-2014
4. Are you the corresponding author?  Yes  ☑ No
   Corresponding Author’s Name  Jordan Hansford
5. Manuscript Title  A unique case of refractory primary mediastinal B cell lymphoma with JAK3 mutation and the role for targeted therapy
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/108142

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jordan  
2. Surname (Last Name)  
   Hansford  
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   28-April-2014  
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   No  

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

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