ICMJE Form for Disclosure of Potential Conflicts of Interest

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2. **The work under consideration for publication.**
   
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Carlo
2. Surname (Last Name)  Dufour
3. Date  05-June-2014
4. Are you the corresponding author?  Yes  No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/106096

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  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>
<th>Other?</th>
<th>Comments</th>
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<td>Small honoraria for consultations from Pfizer</td>
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Section 6. Disclosure Statement

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Dr. Dufour reports personal fees from null, outside the submitted work;

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Identifying Information

1. Given Name (First Name)  
   Marta

2. Surname (Last Name)  
   Pillon

3. Date  
   10-June-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Carlo Dufour

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/106096

## The Work Under Consideration for Publication

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Dr. Pillon 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)**
   - Jakob

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

3. **Date**
   - 05-June-2014

4. **Are you the corresponding author?**
   - Yes [✔]

5. **Manuscript Title**

6. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2014/106096

## Section 2. The Work Under Consideration for Publication

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- Yes [☐]
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- Yes [☐]
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
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Dr. Passweg has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Gerard

2. Surname (Last Name)  
   SOCIE

3. Date  
   05-June-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Carlo Dufour

5. Manuscript Title  

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   HAEMATOL/2014/106096

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   ANDREA

2. Surname (Last Name)  
   BACIGALUPO

3. Date  
   10-June-2014

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   CARLO DUFOUR

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Dr. BACIGALUPO has nothing to disclose.

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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)  
   Genny

2. Surname (Last Name)  
   Franceschetto

3. Date  
   05-June-2014

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

   Corresponding Author’s Name  
   Carlo Dufour

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/106096

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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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?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Franceschetto 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>Elisa</td>
<td>Carraro</td>
<td>10-June-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No  
   Corresponding Author’s Name: Carlo Dufour

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/106096

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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. Carraro 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) Rosi
2. Surname (Last Name) Oneto
3. Date 10-June-2014
4. Are you the corresponding author? Yes ☑ No

Corresponding Author's Name CARLO DUFOUR

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/106096

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Oneto has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Antonio Maria
2. Surname (Last Name)  Risitano
3. Date  05-June-2014
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Carlo Dufour
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/106096

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If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td>Pfizer</td>
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</tr>
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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Risitano reports personal fees from null, outside the submitted work.

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<tr>
<td>2. Surname (Last Name)</td>
<td>Peffault de Latour</td>
</tr>
<tr>
<td>3. Date</td>
<td>10-June-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>No</td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Carlo Dufour</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>HAEMATOL/2014/106096</td>
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Dr. Peffault de Latour 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)  André
2. Surname (Last Name)  Tichelli
3. Date  16-June-2014
4. Are you the corresponding author?  Yes  No
   ✔
5. Manuscript Title
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/106096

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   ✔

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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

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?

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Section 6. Disclosure Statement

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Dr. Tichelli has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

3. Relevant financial activities outside the submitted work.


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Other: Anything not covered under the previous three boxes

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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) Alicia
2. Surname (Last Name) Rovó
3. Date 16-June-2014
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Carlo Dufour

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/106096

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

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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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Dr. Rovó has nothing to disclose.

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<th>3. Date</th>
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<td>Christina</td>
<td>Peters</td>
<td>05-June-2014</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Carlo Dufour

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/106096

### 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.)?  

☐ Yes  
☑ No

Are there any relevant conflicts of interest?  
☑ Yes  
☐ No

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

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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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Dr. Peters has nothing to disclose.

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4. **Intellectual Property.**

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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) Britta
2. Surname (Last Name) Höchsmann
3. Date 16-June-2014
4. Are you the corresponding author? Yes ☑ No
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/106096

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.

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 ☑ No

- **Name of Entity**
  - Honaria from Alexion for membership in advisory boards and preparation of presentations in company sponsored symposia
    - Grant? ☐
    - Personal Fees? ☑
    - Non-Financial Support? ☐
    - Other? ☐
    - Comments honoraria by Alexion (membership of advisory board,)
  - Support for study and research activities by GSK and Alexion
    - Grant? ☐
    - Personal Fees? ☐
    - Non-Financial Support? ☐
    - Other? ☐

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No

Höchsmann
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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?

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✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Höchsmann reports personal fees from Honoraria from Alexion for membership in advisory boards and preparation of presentations in company sponsored symposia, grants from support for study and research activities by GSK and Alexion, 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)  Sujith
2. Surname (Last Name)  Samarasinghe
3. Date  10-June-2014
4. Are you the corresponding author?  No
5. Manuscript Title
6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/106096

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  No

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Are there any relevant conflicts of interest?  No

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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. Samarasinghe 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) Austin
2. Surname (Last Name) Kulasekararaj
3. Date 10-June-2014
4. Are you the corresponding author? ☑ Yes  □ No
Corresponding Author’s Name
Dr. Carlo Dufour

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/106096

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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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Dr. Kulasekararaj reports personal fees and non-financial support from Alexion, personal fees and non-financial support from Celgene, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)         2. Surname (Last Name)
Hubert                           Schrezenmeier

3. Date
16-June-2014

4. Are you the corresponding author?  Yes            No

Corresponding Author’s Name
Carlo Dufour

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/106096

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<td>Alexion Pharmaceuticals</td>
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</table>

Section 4. Intellectual Property -- Patents & Copyrights

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

Yes            No

Schrezenmeier
ICMJE Form for Disclosure of Potential Conflicts of Interest

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Schrezenmeier reports grants from Genzyme, grants from Alexion Pharmaceuticals, outside the submitted work.

Evaluation and Feedback
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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.

   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. **Intellectual Property.**

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

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**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
- **Pending:** The patent has been filed but not issued
- **Issued:** The patent has been issued by the agency
- **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)  Mahmoud
2. Surname (Last Name)  Aljurf
3. Date  09-June-2014
4. Are you the corresponding author?  ✔ No
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/106096

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.)?  ✔ No

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Aljurf has nothing to disclose.

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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)  
   Judith

2. Surname (Last Name)  
   Marsh

3. Date  
   06-October-2014

4. Are you the corresponding author?  
   Yes [ ]  No [✓]
   Corresponding Author’s Name  
   Carlo Dufour

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/106096

### 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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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>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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Dr. Marsh reports personal fees from null, personal fees from null, outside the submitted work; .

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