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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**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)**
   Claire  
2. **Surname (Last Name)**
   Lucas  
3. **Date**
   08-April-2014  
4. **Are you the corresponding author?**
   ✔ Yes  
5. **Manuscript Title**
   Low leukotriene B4 receptor 1 (LTB4R1) leads to ALOX5 down-regulation at diagnosis of chronic myeloid leukaemia  
6. **Manuscript Identifying Number (if you know it)**
   HAEMATOL/2013/101972

### 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

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

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Are there any relevant conflicts of interest?  
✔ Yes

### 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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Lucas  
2
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Dr. Lucas 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)  Robert
2. Surname (Last Name)  Harris
3. Date  09-April-2014
4. Are you the corresponding author?  No

Corresponding Author’s Name
Claire Lucas

5. Manuscript Title
Low leukotriene B4 receptor 1 (LTB4R1) leads to ALOX5 down-regulation at diagnosis of chronic myeloid leukaemia

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2013/101972

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 5. Relationships not covered above

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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. Harris has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Athina

2. Surname (Last Name)  
   Giannoudis

3. Date  
   08-April-2014

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

   Corresponding Author’s Name  
   Claire M Lucas

5. Manuscript Title  
   Low leukotriene B4 receptor 1 leads to ALOX5 down-regulation at diagnosis of chronic myeloid leukaemia

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2013/101972

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Giannoudis has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Elizabeth

2. Surname (Last Name)  
   McDonald

3. Date  
   11-April-2014

4. Are you the corresponding author?  
   Yes ☑  No

   Corresponding Author’s Name  
   Claire Lucas

5. Manuscript Title  
   Low leukotriene B4 receptor 1 (LTB4R1) leads to ALOX5 down-regulation at diagnosis of chronic myeloid leukaemia

6. Manuscript Identifying Number (if you know it)  
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Miss McDonald has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Richard

2. Surname (Last Name)  
   Clark

3. Date  
   09-April-2014

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

   Corresponding Author’s Name  
   Claire Lucas

5. Manuscript Title  
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Prof Clark has nothing to disclose in relation to this work.

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