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.

1. Identifying information.

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) Jessica
2. Surname (Last Name) Liegel
3. Date 26-June-2014
4. Are you the corresponding author? ☑ No
   Corresponding Author's Name C. Ustun
5. Manuscript Title USE OF SORAFENIB FOR RELAPSE POSTTRANSPLANT IN FLT3+ AML: MATURATION INDUCTION AND CYTOTOXIC EFFECT
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/109975

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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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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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. Liegel 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)**  
   Elizabeth  
2. **Surname (Last Name)**  
   Courville  
3. **Date**  
   26-June-2014  
4. **Are you the corresponding author?**  
   Yes ☑  
   No  
5. **Manuscript Title**  
   USE OF SORAFENIB FOR RELAPSE POSTTRANSPLANT IN FLT3+ AML: MATURATION INDUCTION AND CYTOTOXIC EFFECT  
6. **Manuscript Identifying Number (if you know it)**  
   HAEMATOL/2014/109975

## 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.

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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

Section 5. Relationships not covered above

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Dr. Courville has nothing to disclose.

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Corresponding Author’s Name  
C. Ustun

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Dr. Sachs has nothing to disclose.

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I and all other co-authors have relevant conflict of interest to disclose

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