ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
2. The work under consideration for publication.
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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Annamaria</td>
<td>Brioli</td>
<td>30-June-2014</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/110221

**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  
   ✔ No

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   - No  
   ✔ No

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Dr. Brioli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Beatrice

2. Surname (Last Name)  
   Zannetti

3. Date  
   30-June-2014

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

   Corresponding Author’s Name  
   Michele Cavo

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

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Section 1. Identifying Information

1. Given Name (First Name)  Elena
2. Surname (Last Name)  Zamagni
3. Date  30-June-2014
4. Are you the corresponding author?  Yes  ☑ No
Corresponding Author’s Name  Michele Cavo
5. Manuscript Title
PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA
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Section 1. Identifying Information

1. Given Name (First Name)  
   Paola
2. Surname (Last Name)  
   Tacchetti
3. Date  
   30-June-2014
4. Are you the corresponding author?  
   Yes ☐  No ☑
5. Manuscript Title  
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   HAEMATOL/2014/110221

Corresponding Author’s Name  
   Michele Cavo

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Dr. Tacchetti has nothing to disclose.

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1. Given Name (First Name) | Lucia
2. Surname (Last Name) | Pantanti
3. Date | 30-June-2014
4. Are you the corresponding author? | ☑ No
5. Manuscript Title | PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Katia
2. Surname (Last Name) Mancuso
3. Date 30-June-2014
4. Are you the corresponding author? No
   ✔
   Corresponding Author’s Name Michele Cavo
5. Manuscript Title PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110221

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Mancuso has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Pezzi</td>
</tr>
<tr>
<td>3. Date</td>
<td>30-June-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes □</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Michele Cavo</td>
</tr>
</tbody>
</table>

| 5. Manuscript Title      | PERIPHERAL NEUROPATHY INDUCED BY SUBCUTANEOUS BORTEZOMIB-BASED THERAPY FOR NEWLY DIAGNOSED MULTIPLE MYELOMA |
| 6. Manuscript Identifying Number (if you know it) | HAEMATOL/2014/110221 |

## 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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Dr. Pezzi 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)  
   Serena

2. Surname (Last Name)  
   Rocchi

3. Date  
   30-June-2014

4. Are you the corresponding author?  
   [ ] Yes  [ ] No
   Corresponding Author's Name  
   Michele Cavo

5. Manuscript Title  
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1. Given Name (First Name)       Michele
2. Surname (Last Name)           Cavo
3. Date                          30-June-2014
4. Are you the corresponding author?  Yes  ☑  No

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