ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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1. **Identifying information.**
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4. **Intellectual Property.**
   
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)  Tristan
2. Surname (Last Name)  Zver
3. Date  20-August-2014
4. Are you the corresponding author?  ☑ No
5. Manuscript Title  Minimal residual disease detection in cryopreserved ovarian tissue by multicolor flow cytometry in acute myeloid leukemia
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/113373

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  ☑ No

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Dr. Zver 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)  
Magalie

2. Surname (Last Name)  
Alvergnas-Vieille

3. Date  
20-August-2014

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

Corresponding Author’s Name  
Clotilde Amiot

5. Manuscript Title  
Minimal residual disease detection in cryopreserved ovarian tissue by multicolor flow cytometry in acute myeloid leukemia

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/113373

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Dr. Alvergnas-Vieille has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Francine  
2. Surname (Last Name)  
   Garnache-Ottou  
3. Date  
   20-August-2014  
4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ Yes

  Corresponding Author’s Name  
  Clotilde Amiot

5. Manuscript Title  
   Minimal residual disease detection in cryopreserved ovarian tissue by multicolor flow cytometry in acute myeloid leukemia

6. Manuscript Identifying Number (if you know it)  
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- Yes  
- No  

- Yes  

---

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Garnache-Ottou has nothing to disclose.

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Ferrand
## Section 1. Identifying Information

1. Given Name (First Name)  
   Christophe

2. Surname (Last Name)  
   Ferrand

3. Date  
   20-August-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Clotilde Amiot

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Ferrand 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)  
   Christophe

2. Surname (Last Name)  
   Roux

3. Date  
   20-August-2014

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

Corresponding Author’s Name  
Clotilde Amiot

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

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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
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- **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
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Section 1. Identifying Information

1. Given Name (First Name)  
Clotilde

2. Surname (Last Name)  
Amiot

3. Date  
20-August-2014

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Minimal residual disease detection in cryopreserved ovarian tissue by multicolor flow cytometry in acute myeloid leukemia

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/113373

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.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
✔ Yes  
No
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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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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. Amiot has nothing to disclose.

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