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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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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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)  
   Blanche

2. Surname (Last Name)  
   Alter

3. Date  
   22-August-2014

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

5. Manuscript Title  
   Telomere length in inherited bone marrow failure syndromes

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/114389

## 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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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. Alter has nothing to disclose.

Evaluation and Feedback

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**Royalties**: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Neelam

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

3. **Date**
   - 22-August-2014

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Telomere length in inherited bone marrow failure syndromes

6. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2014/114389

**Corresponding Author’s Name**

- Blanche P Alter

### 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
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Section 6. Disclosure Statement

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Dr. Giri 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)**
   - Sharon

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

3. **Date**
   - 22-August-2014

4. Are you the corresponding author?  
   - Yes  ✔

5. **Manuscript Title**
   - Telomere length in inherited bone marrow failure syndromes

6. **Manuscript Identifying Number (if you know it)**
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## Section 2. The Work Under Consideration for Publication

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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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Savage
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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Dr. Savage has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Philip</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Rosenberg</td>
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<tr>
<td>3. Date</td>
<td>22-August-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
</tr>
</tbody>
</table>

**Corresponding Author’s Name**
Blanche P. Alter

| 5. Manuscript Title          | Telomere length in inherited bone marrow failure syndromes |
| 6. Manuscript Identifying Number (if you know it) | HAEMATOL/2014/114389 |

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Dr. Rosenberg has nothing to disclose.

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