ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marissa
2. Surname (Last Name) den Hoed
3. Date 16-June-2014
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
The negative impact of underweight and weight loss on survival of children with acute lymphoblastic leukemia
6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/110668

Section 2. The Work Under Consideration for Publication

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Dr. den Hoed has nothing to disclose.

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1. Given Name (First Name)  
   Saskia

2. Surname (Last Name)  
   Pluijm

3. Date  
   19-June-2014

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

   Corresponding Author’s Name  
   M.M. van den Heuvel-Eibrink

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

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1. Given Name (First Name)  
Hester

2. Surname (Last Name)  
de Groot-Kruseman

3. Date  
27-June-2014

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

Corresponding Author’s Name
M.M. van den Heuvel-Eibrink

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<tr>
<th>1. Given Name (First Name)</th>
<th>Mariël</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>te Winkel</td>
</tr>
<tr>
<td>3. Date</td>
<td>27-June-2014</td>
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<td>M.M. van den Heuvel-Eibrink</td>
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<tr>
<td>Marta</td>
<td>Fiocco</td>
<td>01-July-2014</td>
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Corresponding Author’s Name

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Erica
2. Surname (Last Name) van den Akker
3. Date 27-June-2014

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

Corresponding Author’s Name
M.M. van den Heuvel-Eibrink

5. Manuscript Title
The negative impact of underweight and weight loss on survival of children with acute lymphoblastic leukemia

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/110668

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Dr. van den Akker has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Peter</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Hoogerbrugge</td>
</tr>
<tr>
<td>3. Date</td>
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</tr>
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### ICMJE Form for Disclosure of Potential Conflicts of Interest

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Henk</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>van den Berg</td>
</tr>
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<td>27-June-2014</td>
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van den Berg
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jan

2. Surname (Last Name)  
   Leeuw

3. Date  
   27-June-2014

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

   Corresponding Author’s Name  
   M.M. van den Heuvel-Eibrink

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Dr. Leeuw has nothing to disclose.

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Marrie  Bruin  27-June-2014

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Dr. Bresters has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Anjo

2. Surname (Last Name)  
Veerman

3. Date  
27-June-2014

4. Are you the corresponding author?  
Yes  ☑  No

Corresponding Author’s Name  
M.M. van den Heuvel-Eibrink

5. Manuscript Title  
The negative impact of underweight and weight loss on survival of children with acute lymphoblastic leukemia

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/110668

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Are there any relevant conflicts of interest?  
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1. Given Name (First Name)  
   Rob

2. Surname (Last Name)  
   Pieters

3. Date  
   19-June-2014

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author's Name  
   M.M. van den Heuvel-Eibrink

5. Manuscript Title  
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1. Given Name (First Name)  
   Marry

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