ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Shuichi
2. Surname (Last Name)  
   Shirane
3. Date  
   07-October-2014
4. Are you the corresponding author?  
   Yes ☐  No ☑
   Corresponding Author’s Name  
   Norio Komatsu
5. Manuscript Title  
   JAK2, CALR and MPL mutation spectrum in Japanese myeloproliferative neoplasms patients
6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/115113

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Are there any relevant conflicts of interest?  
Yes ☐  No ☑

### Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Shirane has nothing to disclose.

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## Identifying Information

1. Given Name (First Name)  
   Marito

2. Surname (Last Name)  
   Araki

3. Date  
   07-October-2014

4. Are you the corresponding author?  
   Yes  ✔  No

5. Manuscript Title  
   JAK2, CALR and MPL mutation spectrum in Japanese myeloproliferative neoplasms patients

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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## Intellectual Property -- Patents & Copyrights

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Dr. Araki 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)  Soji
2. Surname (Last Name)  Morishita
3. Date  07-October-2014
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author's Name  Norio Komatsu
5. Manuscript Title  JAK2, CALR and MPL mutation spectrum in Japanese myeloproliferative neoplasms patients
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/115113

Section 2. The Work Under Consideration for Publication

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Dr. Morishita has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Yoko

2. Surname (Last Name)  
Edahiro

3. Date  
06-October-2014

4. Are you the corresponding author?  
☑ No  

Corresponding Author’s Name  
Norio Komatsu

5. Manuscript Title  
JAK2, CALR and MPL mutation spectrum in Japanese myeloproliferative neoplasms patients

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/115113

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Dr. Edahiro has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
Hiraku

2. Surname (Last Name)  
Takei

3. Date  
07-October-2014

4. Are you the corresponding author?  

   ✔ Yes  

   ❏ No

   Corresponding Author’s Name  
Norio Komatsu

5. Manuscript Title  
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Are there any relevant conflicts of interest?  

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   ❏ No

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Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
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
## Section 1. Identifying Information

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

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

3. **Date**
   - 07-October-2014

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

5. **Manuscript Title**
   - JAK2, CALR and MPL mutation spectrum in Japanese myeloproliferative neoplasms patients

6. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2014/115113

---

## 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

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. Yoo 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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Murim
2. Surname (Last Name)  Choi
3. Date  07-October-2014
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  JAK2, CALR and MPL mutation spectrum in Japanese myeloproliferative neoplasms patients
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/115113

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

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Section 6. Disclosure Statement

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Dr. Choi 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)  
   Yoshitaka

2. Surname (Last Name)  
   Sunami

3. Date  
   07-October-2014

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   JAK2, CALR and MPL mutation spectrum in Japanese myeloproliferative neoplasms patients

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/115113

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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### Section 3. Relevant financial activities outside the submitted work.

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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. Sunami 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)  Yumi
2. Surname (Last Name)  Hironaka
3. Date  07-October-2014
4. Are you the corresponding author?  Yes  No  ✔
Corresponding Author’s Name  Norio Komatsu

5. Manuscript Title
JAK2, CALR and MPL mutation spectrum in Japanese myeloproliferative neoplasms patients

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/115113

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

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Dr. Hironaka 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)
masaaki

2. Surname (Last Name)
noguchi

3. Date
07-October-2014

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Norio Komatsu

5. Manuscript Title
JAK2, CALR and MPL mutation spectrum in Japanese myeloproliferative neoplasms patients

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Are there any relevant conflicts of interest? ☑ No

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Dr. noguchi 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)  
Michiaki

2. Surname (Last Name)  
Koike

3. Date  
07-October-2014

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

Corresponding Author’s Name  
Norio Komatsu

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/115113

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Koike has nothing to disclose.

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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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

Noda
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Naohiro

2. Surname (Last Name)  
Noda

3. Date  
07-October-2014

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Norio Komatsu

5. Manuscript Title  
JAK2, CALR and MPL mutation spectrum in Japanese myeloproliferative neoplasms patients

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/115113

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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. Noda has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Akimichi

2. Surname (Last Name)  
   Ohsaka

3. Date  
   07-October-2014

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author's Name  
   Norio Komatsu

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

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Norio</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Komatsu</td>
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