ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)** | Bruno
2. **Surname (Last Name)** | Paiva
3. **Date** | 30-September-2014
4. **Are you the corresponding author?** | Yes
5. **Corresponding Author’s Name** | Jesus San Miguel

---

5. **Manuscript Title**
The prognostic value of multiparameter flow cytometry minimal residual disease assessment in relapse multiple myeloma

6. **Manuscript Identifying Number (if you know it)**
HAEMATOL/2014/115162

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Dr. Paiva has nothing to disclose.

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1. Given Name (First Name)  
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2. Surname (Last Name)  
   Chandia

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   Jesus San Miguel

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1. Given Name (First Name)  
NOEMI

2. Surname (Last Name)  
PUIG

3. Date  
29-September-2014

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
JESUS F SAN MIGUEL

5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   María-Belén

2. Surname (Last Name)  
   Vidriales

3. Date  
   22-September-2014

4. Are you the corresponding author?  
   [ ] Yes  [✓] No  
   Corresponding Author’s Name  
   Jesus F. San Miguel

5. Manuscript Title  
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>José Juan</th>
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</thead>
<tbody>
<tr>
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<td>Pérez</td>
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<tr>
<td>3. Date</td>
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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)  LUCÍA
2. Surname (Last Name)  LÓPEZ CORRAL
3. Date  29-September-2014

4. Are you the corresponding author?  No

Corresponding Author’s Name
Jesus San Miguel

5. Manuscript Title
The prognostic value of multiparameter flow cytometry minimal residual disease assessment in relapse multiple myeloma

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/115162

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?  No

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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
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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. LÓPEZ CORRAL has nothing to disclose.

Evaluation and Feedback

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Ocio
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Enrique
2. Surname (Last Name) Ocio
3. Date 29-September-2014
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name
   Jesus F. San Miguel
5. Manuscript Title
   The prognostic value of multiparameter flow cytometry minimal residual disease assessment in relapse multiple myeloma
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/115162

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Dr. Ocio has nothing to disclose.

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<table>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramon</td>
<td>Garcia-Sanz</td>
<td>30-September-2014</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

Jesus San Miguel

5. Manuscript Title

The prognostic value of multiparameter flow cytometry minimal residual disease assessment in relapse multiple myeloma

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HAEMATOL/2014/115162

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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 [ ✔ ]

Garcia-Sanz
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Garcia-Sanz 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)  
   Norma Carmen

2. Surname (Last Name)  
   Gutierrez

3. Date  
   30-September-2014

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Jesus San Miguel

5. Manuscript Title  
   The prognostic value of multiparameter flow cytometry minimal residual disease assessment in relapse multiple myeloma

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/115162

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Dr. Gutierrez 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)**
   - Ana
2. **Surname (Last Name)**
   - Jimenez Ubieto
3. **Date**
   - 30-September-2014
4. **Are you the corresponding author?**
   - Yes
5. **Manuscript Title**
   - The prognostic value of multiparameter flow cytometry minimal residual disease assessment in relapse multiple myeloma
6. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2014/115162

## 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?  
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- No

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Dr. Ubieto has nothing to disclose.

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1. Given Name (First Name) Juan Jose
2. Surname (Last Name) Lahuerta
3. Date 30-September-2014
4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author’s Name
Jesus San Miguel

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Dr. Lahuerta has nothing to disclose.

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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”.

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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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


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

5. Relationships not covered above.

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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

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
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## Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria Victoria</td>
<td>Mateos</td>
<td>30-September-2014</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
The prognostic value of multiparameter flow cytometry minimal residual disease assessment in relapse multiple myeloma

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/115162

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jesus
2. Surname (Last Name)  
   San Miguel
3. Date  
   30-September-2014
4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title
   The prognostic value of multiparameter flow cytometry minimal residual disease assessment in relapse multiple myeloma

6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/115162

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

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