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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marion
2. Surname (Last Name) EVEILLARD
3. Date 16-January-2015
4. Are you the corresponding author? ✔ Yes ☐ No
5. Manuscript Title
The closely related rare and severe acute myeloid leukemias carrying EVI1 or PRDM16 mutations share singular biological features.
6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/121079

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Dr. EVEILLARD has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Jacques</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>DELAUNAY</td>
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<tr>
<td>3. Date</td>
<td>28-January-2015</td>
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<tr>
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<tr>
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<td>Marion EVEILLARD</td>
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</table>

5. Manuscript Title

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Dr. DELAUNAY has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Steven  

2. Surname (Last Name)  
   RICHEBOURG  

3. Date  
   19-January-2015  

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

   Corresponding Author’s Name  
   Marion EVEILLARD

5. Manuscript Title  
   The closely related rare and severe acute myeloid leukemias carrying EVI1 or PRDM16 mutations share singular biological features.

6. Manuscript Identifying Number (if you know it)  
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Dr. RICHEBOURG has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)      Laurence
2. Surname (Last Name)          Lodé
3. Date                          28-January-2015
4. Are you the corresponding author? □ Yes   ✔ No
   Corresponding Author’s Name     Marion EVEILLARD
5. Manuscript Title              The closely related rare and severe acute myeloid leukemias carrying EVI1 or PRDM16 mutations share singular biological features.
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| 1. Given Name (First Name) | Richard |
| 2. Surname (Last Name) | GARAND |
| 3. Date | 16-January-2015 |
| 4. Are you the corresponding author? | Yes ✗ No |

### Corresponding Author's Name
Marion EVEILLARD

### Manuscript Title
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R. GARAND, MD, has nothing to disclose.

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Other: Anything not covered under the previous three boxes

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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

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<tr>
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<tr>
<td>Soraya</td>
<td>WUILLEME</td>
<td>16-January-2015</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Marion EVEILLARD

5. Manuscript Title
The closely related rare and severe acute myeloid leukemias carrying EVI1 or PRDM16 mutations share singular biological features.

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/121079

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? [ ] Yes [x] No

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Dr. WUILLEME has nothing to disclose.

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<tr>
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1. Given Name (First Name)          2. Surname (Last Name)          3. Date
Hélène A                          ANTOINE-POIREL            16-January-2015

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

Corresponding Author’s Name
Marion EVEILLARD

5. Manuscript Title
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1. Given Name (First Name) Catherine
2. Surname (Last Name) GODON
3. Date 16-January-2015
4. Are you the corresponding author? Yes ☐ No ☑
Corresponding Author’s Name Marion EVEILLARD

5. Manuscript Title
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1. **Given Name (First Name)**
   Marie C
2. **Surname (Last Name)**
   BENE
3. **Date**
   16-January-2015
4. **Are you the corresponding author?**
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5. **Manuscript Title**
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**BENE**

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