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

## Identifying Information

1. Given Name (First Name)  
   RAFFAELLA

2. Surname (Last Name)  
   ROSSIO

3. Date  
   27-June-2014

4. Are you the corresponding author?  
   ☑ Yes  
   No

   Corresponding Author’s Name  
   FLORA PEYVANDI

5. Manuscript Title  
   A novel CD46 mutation in a patient with microangiopathy clinically resembling thrombotic thrombocytopenic purpura and normal ADAMTS13 activity.

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/111062

## The Work Under Consideration for Publication

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   No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. ROSSIO has nothing to disclose.

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<td>LOTTA</td>
<td>02-August-2014</td>
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<th>4. Are you the corresponding author?</th>
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Dr. LOTTA has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Silvia
2. Surname (Last Name) Pontiggia
3. Date 27-June-2014
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Flora Peyvandi

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/111062

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Ghiringhelli Borsa
ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<td>Nicolo</td>
<td>Ghiringhelli Borsa</td>
<td>23-June-2014</td>
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4. Are you the corresponding author? [ ] Yes     ✔ No

5. Manuscript Title
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<tr>
<td>Isabella</td>
<td>Garagiola</td>
<td>24-June-2014</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Flora Peyvandi

5. Manuscript Title
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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) Gianluigi
2. Surname (Last Name) Ardissino
3. Date 24-June-2014
4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author’s Name Peyvandi F.
5. Manuscript Title
A novel CD46 mutation in a patient with microangiopathy clinically resembling thrombotic thrombocytopenic purpura and normal ADAMTS13 activity.
6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/111062

Section 2. The Work Under Consideration for Publication

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

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Dr. Gianluigi reports  Membership of the SAB of the aHUS Global Registry supported by Alexion.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   DANJELA

2. Surname (Last Name)  
   MIKOVIC

3. Date  
   08-July-2014

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Flora Peyvandi

5. Manuscript Title  
   A novel CD46 mutation in a patient with microangiopathy clinically resembling thrombotic thrombocytopenic purpura and normal ADAMTS13 activity.

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/111062

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Are there any relevant conflicts of interest?  
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Dr. MIKOVIC 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)  
   Massimo

2. Surname (Last Name)  
   Cugno

3. Date  
   23-June-2014

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

   Corresponding Author’s Name
   Flora Peyvandi

5. Manuscript Title  
   A novel CD46 mutation in a patient with microangiopathy clinically resembling thrombotic thrombocytopenic purpura and normal ADAMTS13 activity.

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

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Section 1. Identifying Information

1. Given Name (First Name) Flora
2. Surname (Last Name) Peyvandi
3. Date 02-August-2014
4. Are you the corresponding author? Yes ☑ No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/111062

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