ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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Definitions.

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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)
   Uta

2. Surname (Last Name)
   Oelschlaegel

3. Date
   23-September-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name
   Uwe Platzbecker

5. Manuscript Title
   Myelodysplastic syndromes with a deletion 5q display a characteristic immunophenotypic profile suitable for diagnostics and response monitoring

6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/115725

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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   ✔ 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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Dr. Oelschlaegel 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) Theresia M.
2. Surname (Last Name) Westers
3. Date 29-September-2014

Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name

[ ] Yes [ ] No

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.)?

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Dr. Westers 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)  
   Brigitte
2. Surname (Last Name)  
   Mohr
3. Date  
   23-September-2014
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No
   Corresponding Author’s Name  
   Uwe Platzbecker
5. Manuscript Title  
   Myelodysplastic syndromes with a deletion 5q display a characteristic immunophenotypic profile suitable for diagnostics and response monitoring
6. Manuscript Identifying Number (if you know it)  
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Dr. Mohr has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Michael</td>
<td>Kramer</td>
<td>23-September-2014</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Uwe Platzbecker

5. Manuscript Title
Myelodysplastic syndromes with a deletion 5q display a characteristic immunophenotypic profile suitable for diagnostics and response monitoring

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/115725

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Dr. Kramer 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) Stefani
2. Surname (Last Name) Parmentier
3. Date 25-September-2014
4. Are you the corresponding author? Yes ☐ No ☑
5. Manuscript Title
Myelodysplastic syndromes with a deletion 5q display a characteristic immunophenotypic profile suitable for diagnostics and response monitoring
6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/115725

Corresponding Author’s Name
Uwe Platzbecker

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Dr. Parmentier has nothing to disclose.

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

Section 1. Identifying Information

1. Given Name (First Name)  
   Katja

2. Surname (Last Name)  
   Sockel

3. Date  
   24-September-2014

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Uwe Platzbecker

5. Manuscript Title  
   Myelodysplastic syndromes with a deletion 5q display a characteristic immunophenotypic profile suitable for diagnostics and response monitoring

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/115725

Section 2. The Work Under Consideration for Publication

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Sockel 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)  Christian
2. Surname (Last Name)  Thiede
3. Date  25-September-2014
4. Are you the corresponding author?  No
5. Manuscript Title
   Myelodysplastic syndromes with a deletion 5q display a characteristic immunophenotypic profile suitable for diagnostics and response monitoring
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/115725

Corresponding Author’s Name: Uwe Platzbecker

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Are there any relevant conflicts of interest?  No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Thiede has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Martin</td>
<td>Bornhäuser</td>
<td>24-September-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? ☑ No

5. Manuscript Title
Myelodysplastic syndromes with a deletion 5q display a characteristic immunophenotypic profile suitable for diagnostics and response monitoring

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/115725

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Bornhäuser 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)  
   Gerhard

2. Surname (Last Name)  
   Ehninger

3. Date  
   24-September-2014

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

   Corresponding Author’s Name  
   Uwe Platzbecker

5. Manuscript Title  
   Myelodysplastic syndromes with a deletion 5q display a characteristic immunophenotypic profile suitable for diagnostics and response monitoring

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/115725

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Are there any relevant conflicts of interest?  
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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?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ehninger 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)  
   Arjan A.

2. Surname (Last Name)  
   van de Loosdrecht

3. Date  
   29-September-2014

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

   Corresponding Author’s Name  
   Uwe Platzbecker

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/115725

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Dr. van de Loosdrecht 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) | 2. Surname (Last Name) | 3. Date
---|---|---
Uwe | Platzbecker | 23-September-2014

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

5. Manuscript Title
Myelodysplastic syndromes with a deletion 5q display a characteristic immunophenotypic profile suitable for diagnostics and response monitoring

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/115725

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

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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Platzbecker has nothing to disclose.

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