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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2. The work under consideration for publication.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   MARTINA

2. Surname (Last Name)  
   PIGAZZI

3. Date  
   20-October-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Minimal residual disease monitored after induction therapy by RQ-PCR can contribute to tailor treatment of patients with t(8;21) RUNX1-RUNX1T1 rearrangement.

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/114579

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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   ✔ 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
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Dr. PIGAZZI 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)  ELENA
2. Surname (Last Name)  MANARA
3. Date  20-October-2014
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  MARTINA PIGAZZI

5. Manuscript Title
   Minimal residual disease monitored after induction therapy by RQ-PCR can contribute to tailor treatment of patients with t (8;21) RUNX1-RUNX1T1 rearrangement.

6. Manuscript Identifying Number (if you know it)
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Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. MANARA has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  BARBARA
2. Surname (Last Name)  BULDINI
3. Date  20-October-2014
4. Are you the corresponding author?  □ Yes  ✔ No
   Corresponding Author’s Name  MARTINA PIGAZZI

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

1. Given Name (First Name) | VALZERDA
2. Surname (Last Name) | BEQIRI
3. Date | 20-October-2014

4. Are you the corresponding author? | ☑ No

Corresponding Author’s Name | MARTINA PIGAZZI

5. Manuscript Title

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HAEMATOL/2014/114579

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1. Given Name (First Name)  
   CLAUDIA

2. Surname (Last Name)  
   TREGNAGO

3. Date  
   20-October-2014

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   ☑ No  
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Are there any relevant conflicts of interest?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☑ No
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Dr. TREGNAGO 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) ROBERTO
2. Surname (Last Name) RONDELLI
3. Date 20-October-2014
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name MARTINA PIGAZZI

Section 2. The Work Under Consideration for Publication

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## Section 1. Identifying Information

1. Given Name (First Name)  
RICCARDO

2. Surname (Last Name)  
MASETTI

3. Date  
20-October-2014

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author's Name  
MARTINA PIGAZZI

5. Manuscript Title  
Minimal residual disease monitored after induction therapy by RQ-PCR can contribute to tailor treatment of patients with t (8;21) RUNX1-RUNX1T1 rearrangement.

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Dr. MASETTI has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>MARIA CATERINA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>PUTTI</td>
</tr>
<tr>
<td>3. Date</td>
<td>20-October-2014</td>
</tr>
</tbody>
</table>

### Are you the corresponding author?  
☑ Yes  
☐ No

**Corresponding Author's Name**  
MARTINA PIGAZZI

| 5. Manuscript Title         | Minimal residual disease monitored after induction therapy by RQ-PCR can contribute to tailor treatment of patients with t (8;21) RUNX1-RUNX1T1 rearrangement. |
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1. Given Name (First Name)  
   FRANCA
2. Surname (Last Name)  
   FAGIOLI
3. Date  
   20-October-2014
4. Are you the corresponding author?  
   Yes ✔  
   No

Corresponding Author’s Name  
MARTINA PIGAZZI

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2. Surname (Last Name) RIZZARI
3. Date 20-October-2014
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Corresponding Author’s Name MARTINA PIGAZZI

5. Manuscript Title Minimal residual disease monitored after induction therapy by RQ-PCR can contribute to tailor treatment of patients with t (8;21) RUNX1-RUNX1T1 rearrangement.
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3. Relevant financial activities outside the submitted work.

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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
### Section 1. Identifying Information

1. Given Name (First Name)  
   **ANDREA**

2. Surname (Last Name)  
   **PESSION**

3. Date  
   **20-October-2014**

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

5. Manuscript Title  
   Minimal residual disease monitored after induction therapy by RQ-PCR can contribute to tailor treatment of patients with t (8;21) RUNX1-RUNX1T1 rearrangement.

6. Manuscript Identifying Number (if you know it)  
   **HAEMATOL/2014/114579**

### 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  
   **☑ No**

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  
- Yes  
- No  
   **☑ No**

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes  
- No  
   **☑ 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. PESION has nothing to disclose.

Evaluation and Feedback

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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)  
   FRANCO

2. Surname (Last Name)  
   LOCATELLI

3. Date  
   20-October-2014

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

   Corresponding Author’s Name  
   MARTINA PIGAZZI

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Are there any relevant conflicts of interest?  
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GIUSEPPE

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BASSO

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