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.

1. Identifying information.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date
Alessia | Pagani | 30-December-2014

4. Are you the corresponding author? □ Yes □ No
Corresponding Author’s Name: Laura Silvestri

5. Manuscript Title
REGULATION OF CELL SURFACE TRANSFERRIN RECEPTOR-2 BY IRON-DEPENDENT CLEAVAGE AND RELEASE OF A SOLUBLE FORM

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/118521

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<th>4. Are you the corresponding author?</th>
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1. Given Name (First Name)  
Antonella

2. Surname (Last Name)  
Nai

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   Marco

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   Rausa

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Ladli
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2. Surname (Last Name)  Ladli
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)     Catherine
2. Surname (Last Name)         Lacombe
3. Date                        30-December-2014

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

Corresponding Author’s Name
Laura Silvestri

5. Manuscript Title
REGULATION OF CELL SURFACE TRANSFERRIN RECEPTOR-2 BY IRON-DEPENDENT CLEAVAGE AND RELEASE OF A SOLUBLE FORM

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/118521

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  Patrick
2. Surname (Last Name)  Mayeux
3. Date  30-December-2014
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  REGULATION OF CELL SURFACE TRANSFERRIN RECEPTOR-2 BY IRON-DEPENDENT CLEAVAGE AND RELEASE OF A SOLUBLE FORM
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/118521

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) Frédérique
2. Surname (Last Name) Verdier
3. Date 30-December-2014
4. Are you the corresponding author? No
5. Manuscript Title REGULATION OF CELL SURFACE TRANSFERRIN RECEPTOR-2 BY IRON-DEPENDENT CLEAVAGE AND RELEASE OF A SOLUBLE FORM
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/118521

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**Section 1. Identifying Information**

1. Given Name (First Name) | Clara  
2. Surname (Last Name) | Camaschella  
3. Date | 30-December-2014  
4. Are you the corresponding author? | Yes [ ] No [ x ]

**Corresponding Author’s Name** | Laura Silvestri  

5. Manuscript Title | REGULATION OF CELL SURFACE TRANSFERRIN RECEPTOR-2 BY IRON-DEPENDENT CLEAVAGE AND RELEASE OF A SOLUBLE FORM  
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Camaschella
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Laura
2. Surname (Last Name)  Silvestri
3. Date  30-December-2014
4. Are you the corresponding author?  Yes
5. Manuscript Title  REGULATION OF CELL SURFACE TRANSFERRIN RECEPTOR-2 BY IRON-DEPENDENT CLEAVAGE AND RELEASE OF A SOLUBLE FORM
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