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

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Amodio

1
### Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
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</tr>
<tr>
<td>3. Date</td>
<td>21-November-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>HLA-G expression levels influence the tolerogenic activity of human DC-10</td>
</tr>
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<td>HAEMATOL/2014/113803</td>
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Dr. Amodio has nothing to disclose.

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<td>Michela</td>
<td>Comi</td>
<td>21-November-2014</td>
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4. Are you the corresponding author? □ Yes ☑ No

Corresponding Author’s Name
Silvia Gregori

5. Manuscript Title
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## Section 1. Identifying Information

1. Given Name (First Name)  
   Daniela

2. Surname (Last Name)  
   Tomasoni

3. Date  
   21-November-2014

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   HLA-G expression levels influence the tolerogenic activity of human DC-10

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/113803

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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## 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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Section 1. Identifying Information

1. Given Name (First Name)  Monica Emma
2. Surname (Last Name)  Gianolini
3. Date  21-November-2014
4. Are you the corresponding author?  Yes  No  ☑ No

Corresponding Author’s Name
Silvia Gregori

5. Manuscript Title
HLA-G expression levels influence the tolerogenic activity of human DC-10

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1. Given Name (First Name)  Roberta
2. Surname (Last Name)      Rizzo
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Corresponding Author’s Name
Silvia Gregori

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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)  
   Joel

2. Surname (Last Name)  
   LeMaoult

3. Date  
   21-November-2014

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

   Corresponding Author’s Name  
   Silvia Gregori

5. Manuscript Title  
   HLA-G expression levels influence the tolerogenic activity of human DC-10

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/113803

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 ☑

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 ☑

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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. LeMaoult has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

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## Section 1. Identifying Information

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<td>3. Date</td>
<td>21-November-2014</td>
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<td>4. Are you the corresponding author?</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Silvia Gregori</td>
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Section 1. Identifying Information

1. Given Name (First Name)  Silvia
2. Surname (Last Name)  Gregori
3. Date  21-November-2014
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title
   HLA-G expression levels influence the tolerogenic activity of human DC-10
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Are there any relevant conflicts of interest?  ✔ Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>Italy grant number TGT11E02 to Silvia Gregori</td>
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Dr. Gregori reports grants from Telethon Institute for Gene Therapy, grants from Italian Ministry of Health, during the conduct of the study.

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