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4. **Intellectual Property.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Felicitas
2. Surname (Last Name) Thol
3. Date 16-December-2014
4. Are you the corresponding author? ✔ Yes ☐ No
5. Manuscript Title Clinical and functional implications of microRNA mutations in a cohort of 935 patients with myelodysplastic syndromes and acute myeloid leukemia
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/120345

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Dr. Thol has nothing to disclose.

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<table>
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<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tr>
<td>Michaela</td>
<td>Scherr</td>
<td>16-December-2014</td>
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</table>

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

Corresponding Author’s Name: Felicitas Thol

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Aylin
2. Surname (Last Name) Kirchner
3. Date 16-December-2014
4. Are you the corresponding author? No
5. Manuscript Title Clinical and functional implications of microRNA mutations in a cohort of 935 patients with myelodysplastic syndromes and acute myeloid leukemia
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/120345

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Dr. Kirchner has nothing to disclose.

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Kirchner
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Rabia

2. Surname (Last Name)  
   Shahswar

3. Date  
   16-December-2014

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

   Corresponding Author’s Name
   F. Thol

5. Manuscript Title  
   Clinical and functional implications of microRNA mutations in a cohort of 935 patients with myelodysplastic syndromes and acute myeloid leukemia

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/120345

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

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

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   Yes ☐  No ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Shahswar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Karin
2. Surname (Last Name)  Battmer
3. Date  16-December-2014
4. Are you the corresponding author?  No

Corresponding Author’s Name  Thol

5. Manuscript Title  Clinical and functional implications of microRNA mutations in a cohort of 935 patients with myelodysplastic syndromes and acute myeloid leukemia

6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/120345

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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) Sofia
2. Surname (Last Name) Kade
3. Date 16-December-2014
4. Are you the corresponding author? ✗ Yes ✔ No
   Corresponding Author’s Name F. Thol
5. Manuscript Title
   Clinical and functional implications of microRNA mutations in a cohort of 935 patients with myelodysplastic syndromes and acute myeloid leukemia
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/120345

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Are there any relevant conflicts of interest? ✗ Yes ✔ No

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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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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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Dr. Kade has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>Chaturvedi</td>
</tr>
<tr>
<td>3. Date</td>
<td>16-December-2014</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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<td></td>
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Are there any relevant conflicts of interest?  Yes  No

✔

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Dr. Chaturvedi has nothing to disclose.

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<th>1. Given Name (First Name)</th>
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<tr>
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<td>Koenecke</td>
</tr>
<tr>
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Koenecke
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Dr. Koenecke has nothing to disclose.

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<tbody>
<tr>
<td>Michael</td>
<td>Stadler</td>
<td>16-December-2014</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name F. Thol

5. Manuscript Title
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Dr. Stadler 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)  
   Uwe

2. Surname (Last Name)  
   Platzbecker

3. Date  
   16-December-2014

4. Are you the corresponding author?  
   [ ] Yes  [X] No  
   Corresponding Author’s Name  
   F. Thol

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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Platzbecker
Dr. Platzbecker reports personal fees from Celgene, outside the submitted work.
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1. Given Name (First Name) Christian
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Corresponding Author’s Name Thol, Felicitas

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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? Yes ☐ 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

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Dr. Thiede reports other from AgenDix GmbH, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Schroeder

3. Date  
   16-December-2014

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
F. Thol

5. Manuscript Title  
Clinical and functional implications of microRNA mutations in a cohort of 935 patients with myelodysplastic syndromes and acute myeloid leukemia

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/120345

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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☑ No

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Are there any relevant conflicts of interest?  
☑ No

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Schroeder 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)**
   - Guido

2. **Surname (Last Name)**
   - Kobbe

3. **Date**
   - 16-December-2014

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

   **Corresponding Author’s Name**
   - Felicitas Thol

5. **Manuscript Title**
   - Clinical and functional implications of microRNA mutations in a cohort of 935 patients with myelodysplastic syndromes and acute myeloid leukemia

6. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2014/120345

### Section 2. The Work Under Consideration for Publication

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- No [x]

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<td>4. Are you the corresponding author?</td>
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<td>Corresponding Author’s Name</td>
<td>Felicitas Thol</td>
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5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/120345

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Are there any relevant conflicts of interest? Yes ✔ No

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Dr. Bug has nothing to disclose.

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<tr>
<td>Oliver</td>
<td>Ottmann</td>
<td>16-December-2014</td>
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4. Are you the corresponding author?  

- Yes [ ]
- No [✓]

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- Yes [ ]
- No [✓]

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

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- Yes [ ]
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Dr. Ottmann has nothing to disclose.

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1. Given Name (First Name)  
   Hofmann

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   Wolf-Karsten

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   16-December-2014

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   ☑ Yes  
   ☐ No

Corresponding Author’s Name  
Felicitas Thol

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kröger has nothing to disclose.

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1. Given Name (First Name)  | 2. Surname (Last Name)  | 3. Date
Walter  |  Fiedler  |  16-December-2014

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Thol

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Dr. Fiedler reports grants from Pfizer, other from Teva, other from Glycotope, other from Amgen, other from Bayer, other from Chugai, other from Roche, outside the submitted work.

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1. Given Name (First Name) Richard
2. Surname (Last Name) Schlenk
3. Date 16-December-2014
4. Are you the corresponding author? Yes  ☑  No

Corresponding Author’s Name F. Thol

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

1. Given Name (First Name)  
Dr. Konstanze

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Döhner

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4. Are you the corresponding author?  
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**Section 1. Identifying Information**

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<tr>
<td>Jürgen</td>
<td>Krauter</td>
<td>19-December-2014</td>
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</tbody>
</table>

4. Are you the corresponding author?  
   - Yes
   - No ✔

Corresponding Author’s Name

5. Manuscript Title  
Clinical and functional implications of microRNA mutations in a cohort of 935 patients with myelodysplastic syndromes and acute myeloid leukemia

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/120345

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Dr. Krauter has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Matthias |
| 2. Surname (Last Name)    | Eder     |
| 3. Date                   | 16-December-2014 |

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

Corresponding Author’s Name
F. Thol

5. Manuscript Title
Clinical and functional implications of microRNA mutations in a cohort of 935 patients with myelodysplastic syndromes and acute myeloid leukemia

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

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<td>Arnold</td>
<td>Ganser</td>
<td>16-December-2014</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Felicitas Thol

5. Manuscript Title
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Dr. Ganser has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name) Michael
2. Surname (Last Name) Heuser
3. Date 16-December-2014
4. Are you the corresponding author? ☑ No
5. Manuscript Title Clinical and functional implications of microRNA mutations in a cohort of 935 patients with myelodysplastic syndromes and acute myeloid leukemia
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/120345

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Dr. Heuser has nothing to disclose.

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