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

5. **Relationships not covered above.**
   
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name)  Ingrid
2. Surname (Last Name)  Aries
3. Date  08-August-2014
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/112995

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Aries 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)  
   Rosanna  

2. Surname (Last Name)  
   van den Dungen  

3. Date  
   09-September-2014  

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

   Corresponding Author’s Name  
   Ingrid M. Aries  

5. Manuscript Title  
   Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance  

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/112995

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Dr. van den Dungen has nothing to disclose.

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<td>2. Surname (Last Name)</td>
<td>Koudijs</td>
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<td>3. Date</td>
<td>23-September-2014</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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</table>

**Corresponding Author’s Name**
Ingrid M. Aries

**5. Manuscript Title**
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**6. Manuscript Identifying Number (if you know it)**
HAEMATOL/2014/112995

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

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Dr. Koudijs has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Edwin
2. Surname (Last Name) Cuppen
3. Date 12-September-2014
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Ingrid M. Aries

5. Manuscript Title Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112995

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Dr. Cuppen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Emile
2. Surname (Last Name)  Voest
3. Date  29-September-2014
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Ingrid M. Aries
5. Manuscript Title  Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance
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Dr. Voest has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jan
2. Surname (Last Name) Molenaar
3. Date 29-September-2014
4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author’s Name
Ingrid M. Aries

5. Manuscript Title
Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/112995

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 ☑

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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. Molenaar 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)  
   Hubert
2. Surname (Last Name)  
   CARON
3. Date  
   22-September-2014
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

**Corresponding Author’s Name**  
Ingrid M. Aries

5. Manuscript Title  
   Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/112995

### 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

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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?  
[ ] Yes  
✔ No
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Rob

2. Surname (Last Name)  
   Pieters

3. Date  
   23-September-2014

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Ingrid M. Aries

5. Manuscript Title  
   Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/112995

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

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Monique

2. **Surname (Last Name)**
   - den Boer

3. **Date**
   - 10-October-2014

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

5. **Corresponding Author’s Name**
   - Ingrid M. Aries

6. **Manuscript Title**
   - Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance

7. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2014/112995

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Are there any relevant conflicts of interest?

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