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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**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)  Magali
2. Surname (Last Name)  Le Garff-Tavernier
3. Date  19-December-2014
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
The optimized anti-CD20 monoclonal antibody ublituximab bypasses natural killer phenotypic features in Waldenström macroglobulinemia
6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/118083

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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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. Le Garff-Tavernier has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

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

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

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

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

   **Corresponding Author’s Name**
   - Vincent Vieillard

5. **Manuscript Title**
   - The optimized anti-CD20 monoclonal antibody ublituximab bypasses natural killer phenotypic features in Waldenström macroglobulinemia

6. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2014/118083

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Dr. HERBI 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) christophe
2. Surname (Last Name) de romeuf
3. Date 17-December-2014
4. Are you the corresponding author? □ Yes ✔ No

Corresponding Author’s Name
Le Garff-Tavernier

5. Manuscript Title
The optimized anti-CD20 monoclonal antibody ublituximab bypasses natural killer phenotypic features in Waldenström macroglobulinemia

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/118083

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.

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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

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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Dr. de romeuf reports In addition, Dr. de romeuf has a patent WO 2012175874 A1 pending.

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Section 1. Identifying Information

1. Given Name (First Name) Nabih
2. Surname (Last Name) AZAR
3. Date 11-December-2014
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name Magali Le Garff-Tavernier

5. Manuscript Title
   The optimized anti-CD20 monoclonal antibody ublituximab bypasses natural killer phenotypic features in Waldenström macroglobulinemia

6. Manuscript Identifying Number (if you know it)
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Dr. AZAR 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)**
   - Damien

2. **Surname (Last Name)**
   - Roos-Weil

3. **Date**
   - 11-December-2014

4. **Are you the corresponding author?**
   - Yes

   **Corresponding Author’s Name**
   - Magali Le Garff-Tavernier

5. **Manuscript Title**
   - The optimized anti-CD20 monoclonal antibody ublituximab bypasses natural killer phenotypic features in Waldenström macroglobulinemia

6. **Manuscript Identifying Number (if you know it)**
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Dr. Roos-Weil has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) PATRICK
2. Surname (Last Name) BONNEMYE
3. Date 16-December-2014
4. Are you the corresponding author? □ Yes ✔ No
   Corresponding Author’s Name Dr Magali Le Garff-Tavernier
5. Manuscript Title
   The optimized anti-CD20 monoclonal antibody ublituximab bypasses natural killer phenotypic features in Waldenström macroglobulinemia
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/118083

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.

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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
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. BONNEMYE has nothing to disclose.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) Remi
2. Surname (Last Name) URBAIN
3. Date 18-December-2014
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Magali Le Garff-Tavernier
5. Manuscript Title The optimized anti-CD20 monoclonal antibody ublituximab bypasses natural killer phenotypic features in Waldenström macroglobulinemia
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/118083

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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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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<tr>
<td>Laboratoire Francais du Fractionnement et des Biotechnologies (LFB)</td>
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<td>☐</td>
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<td>LFB employee</td>
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Are there any relevant conflicts of interest? Yes ☐ 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. URBAIN reports personal fees from Laboratoire Francais du Fractionnement et des Biotechnologies (LFB), during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Véronique
2. Surname (Last Name)  Leblond
3. Date  19-December-2014

4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Magali Le garff-Tavernier

5. Manuscript Title  The optimized anti-CD20 monoclonal antibody ublituximab bypasses natural killer phenotypic features in Waldenström macroglobulinemia

6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/118083

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Dr. Leblond has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Helene</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Merle-Beral</td>
</tr>
<tr>
<td>3. Date</td>
<td>12-December-2014</td>
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<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Magali Le Garff-Tavernier</td>
</tr>
</tbody>
</table>

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

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Dr. Merle-Beral 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)**
   - Vincent

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

3. **Date**
   - 10-December-2014

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

5. **Manuscript Title**
   - The optimized anti-CD20 monoclonal antibody ublituximab bypasses natural killer phenotypic features in Waldenström macroglobulinemia

6. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2014/118083

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

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