ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Carole
2. Surname (Last Name) Paley
3. Effective Date (07-August-2008) 12-October-2010
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name
John Wood

5. Manuscript Title
Relationship between labile plasma iron, liver iron concentration, and cardiac response in a deferasirox monotherapy trial

6. Manuscript Identifying Number (if you know it)
Haemtol/2010/032862

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☐	☐	☑	Novartis	Provided grant for the study	X ADD
2. Consulting fee or honorarium	☑	☐	☐			X ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			X ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			X ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			X ADD

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
6. Provision of writing assistance, medicines, equipment, or administrative support	✓					× ADD
7. Other	✓					× ADD

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					× ADD
2. Consultancy	✓					× ADD
3. Employment		✓		I am employed full time by Novartis as a Medical Director in Hematology		× ADD
4. Expert testimony	✓					×
4. Expert testimony	✓					× ADD
5. Grants/grants pending	✓					×
5. Grants/grants pending	✓					× ADD

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			× ADD
7. Payment for manuscript preparation	☑	☐	☐			× ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
8. Patents (planned, pending or issued)	☑	☐	☐			× ADD
9. Royalties	☑	☐	☐			×
9. Royalties	☑	☐	☐			× ADD
10. Payment for development of educational presentations	☑	☐	☐			× ADD
11. Stock/stock options	☐	☑	☐	I do receive Novartis stock options as part of my compensation as a full time Novartis employee		×
11. Stock/stock options	☐	☐	☐			× ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			× ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			× ADD

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

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Section 4. Other relationships

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?

- [x] No other relationships/conditions/circumstances that present a potential conflict of interest
- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No' SAVE

Carole Pally, MD Oct. 14, 2010

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.