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)
Karsten

2. Surname (Last Name)
Spiekermann

3. Effective Date (07-August-2008)
04-March-2011

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

Corresponding Author's Name
M. Stelljes

5. Manuscript Title
Allogeneic transplantation as postremission therapy for cytogenetically high risk acute myeloid leukemia (AML): Landmark analysis from a single prospective multicenter trial

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2011/041004

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	☑	☐	☐			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
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			X

0049 89 7095 7565

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	☑	☐	☐			ADD ✕ 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	☑	☐	☐			✕ ADD
4. Expert testimony	☑	☐	☐			✕ ADD
5. Grants/grants pending	☑	☐	☐			✕ ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			✕ ADD
7. Payment for manuscript preparation	☑	☐	☐			✕

0049 89 7095 7565

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	☑	☐	☐			ADD ✕
9. Royalties	☑	☐	☐			ADD ✕
10. Payment for development of educational presentations	☑	☐	☐			ADD ✕
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 ✕ 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.

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?

☑ 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

K. Spiekermann

Spiekermann

Klinikum der Universität München - Grosshadern
Medizinische Klinik III
Priv.-Doz. Dr. med. K. Spiekermann
Marchioninistraße 15, 81377 München
Tel./Fax: 089-7095-0 /- 7565
kspieker@med.lmu.de