ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Karen
2. Surname (Last Name): Dybkaer
3. Effective Date (07-August-2008): 31-May-2012

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

Corresponding Author's Name: Ken H. Young, MD

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name): April
2. Surname (Last Name): Chiu
3. Effective Date (07-August-2008): 31-May-2012

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Corresponding Author's Name: Ken H. Young, MD

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2. Surname (Last Name): Zu
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Eric

2. Surname (Last Name)
Hsi

3. Effective Date (07-August-2008)
31-May-2012

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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	☑	☐	☐			×

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						ADD
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						ADD
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10. Payment for development of educational presentations	☑	☐	☐			×
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						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name)
Cherie

2. Surname (Last Name)
Dunphy

3. Effective Date (07-August-2008)
31-May-2012

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

Corresponding Author's Name
Ken H. Young, MD

5. Manuscript Title
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5. Payment for writing or reviewing the manuscript	☑	☐	☐			× ADD
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						ADD
7. Other	✓	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Attilio
2. Surname (Last Name): Orazi
3. Effective Date (07-August-2008): 31-May-2012

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

Corresponding Author's Name: Ken H. Young, MD

5. Manuscript Title
Patients With Diffuse Large B Cell Lymphoma of Germinal Center Origin with BCL2 Translocations Have Poor Outcome, irrespective of MYC status: A Report from an International DLBCL rituximab-CHOP Consortium Program Study

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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						ADD
7. Other	☑	☐	☐			×
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						ADD
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						ADD
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						ADD
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Xianfeng Frank
2. Surname (Last Name): Zhao
3. Effective Date (07-August-2008): 31-May-2012

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

Corresponding Author's Name: Ken H. Young, MD

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Section 1. Identifying Information

1. Given Name (First Name)
Huan-You

2. Surname (Last Name)
Wang

3. Effective Date (07-August-2008)
31-May-2012

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

Corresponding Author's Name
Ken H. Young, MD

5. Manuscript Title
Patients With Diffuse Large B Cell Lymphoma of Germinal Center Origin with BCL2 Translocations Have Poor Outcome, irrespective of MYC status: A Report from an International DLBCL rituximab-CHOP Consortium Program Study

6. Manuscript Identifying Number (if you know it)
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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
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5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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						ADD
7. Other	✓	☐	☐			×
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5. Grants/grants pending	✓	☐	☐			×
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Govind

2. Surname (Last Name)
Bhagat

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William

2. Surname (Last Name)
Choi

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7. Other	✓	☐	☐			×
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						ADD
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1. Given Name (First Name): Xiaoying
2. Surname (Last Name): Zhao
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
J. Han Van

2. Surname (Last Name)
Krieken

3. Effective Date (07-August-2008)
31-May-2012

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

Corresponding Author's Name
Ken H. Young, MD

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						ADD
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						ADD
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Qing

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Huang

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Ken H. Young, MD

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						ADD
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						ADD
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5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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						ADD
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1. Given Name (First Name): Weiyun
2. Surname (Last Name): Ai
3. Effective Date (07-August-2008): 31-May-2012

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						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	✓	☐	☐			×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
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)	☑	☐	☐			×
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Maurilio
2. Surname (Last Name): Ponzoni
3. Effective Date (07-August-2008): 31-May-2012

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

Corresponding Author's Name: Ken H. Young, MD

5. Manuscript Title
Patients With Diffuse Large B Cell Lymphoma of Germinal Center Origin with BCL2 Translocations Have Poor Outcome, irrespective of MYC status: A Report from an International DLBCL rituximab-CHOP Consortium Program Study

6. Manuscript Identifying Number (if you know it)
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						ADD
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						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			X
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name)
Andres

2. Surname (Last Name)
Ferreri

3. Effective Date (07-August-2008)
31-May-2012

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

Corresponding Author's Name
Ken H. Young, MD

5. Manuscript Title
Patients With Diffuse Large B Cell Lymphoma of Germinal Center Origin with BCL2 Translocations Have Poor Outcome, irrespective of MYC status: A Report from an International DLBCL rituximab-CHOP Consortium Program Study

6. Manuscript Identifying Number (if you know it)
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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			×
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						ADD
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						ADD
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						ADD
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						ADD
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						ADD
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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
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1. Given Name (First Name): Brad
2. Surname (Last Name): Kahl
3. Effective Date (07-August-2008): 31-May-2012

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

Corresponding Author's Name: Ken H. Young, MD

5. Manuscript Title
Patients With Diffuse Large B Cell Lymphoma of Germinal Center Origin with BCL2 Translocations Have Poor Outcome, irrespective of MYC status: A Report from an International DLBCL rituximab-CHOP Consortium Program Study

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1. Given Name (First Name): Jane
2. Surname (Last Name): Winter
3. Effective Date (07-August-2008): 31-May-2012

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6. Manuscript Identifying Number (if you know it)
HAEMATOL2012066209

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1. Grant	☑	☐	☐			×
						ADD
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						ADD
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						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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7. Other	☑	☐	☐			×
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1. Given Name (First Name)
Ronald

2. Surname (Last Name)
Go

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Corresponding Author's Name
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Stephan

2. Surname (Last Name)
Dirnhofer

3. Effective Date (07-August-2008)
31-May-2012

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Corresponding Author's Name
Ken H. Young, MD

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						ADD
7. Other	✓	☐	☐			×
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						ADD
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5. Grants/grants pending	✓	☐	☐			×
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Miguel

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Piris

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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)
Michael

2. Surname (Last Name)
Moller

3. Effective Date (07-August-2008)
31-May-2012

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

Corresponding Author's Name
Ken H. Young, MD

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Grant	☑	☐	☐			×
						ADD
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						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
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						ADD
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9. Royalties	☑	☐	☐			×
						ADD
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						ADD
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Lin
2. Surname (Last Name): Wu
3. Effective Date (07-August-2008): 31-May-2012

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

Corresponding Author's Name: Ken H. Young, MD

5. Manuscript Title
Patients With Diffuse Large B Cell Lymphoma of Germinal Center Origin with BCL2 Translocations Have Poor Outcome, irrespective of MYC status: A Report from an International DLBCL rituximab-CHOP Consortium Program Study

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
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						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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						ADD
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						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name)
L. Jeffrey

2. Surname (Last Name)
Medeiros

3. Effective Date (07-August-2008)
31-May-2012

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Corresponding Author's Name
Ken H. Young, MD

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Section 1. Identifying Information

1. Given Name (First Name)
Ken

2. Surname (Last Name)
Young

3. Effective Date (07-August-2008)
31-May-2012

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Patients With Diffuse Large B Cell Lymphoma of Germinal Center Origin with BCL2 Translocations Have Poor Outcome, irrespective of MYC status: A Report from an International DLBCL rituximab-CHOP Consortium Program Study

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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	✓	☐	☐			×

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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	
						ADD
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

* 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.

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