

## Supplemental tables

**Supplemental Table 1 Primer sequences**

Gene		Primer sequence
HOXA5	Forward	AGATCTACCCCTGGATGCGC
	Reverse	CCTTCTCCAGCTCCAGGGTC
HOXA6	Forward	GAGCCCGGTTTACCCTTGGATG
	Reverse	TCTGGTAGCGCGTGTAGGTCTG
HOXA7	Forward	ATCACTCTACCTCGTAAAACCGAC
	Reverse	ACATAATACGAAGAACTCATAATTTTG
HOXA9	Forward	ACACTATGAAACCGCCATTGG
	Reverse	GGAAACCCAGATTCATCAAGG
HOXA10	Forward	ATGATATGGCTTTTTCCCCCAG
	Reverse	TTCTTTGTGTTTGCTTGGTGCTG
HOXB5	Forward	GGCAGACTCCGCAAATATTCCC
	Reverse	GGTAGCGGTTGAAGTGGAAGTC
MEIS1	Forward	TCTGCCACCGGTATATTAGC
	Reverse	GAACGAGTAGATGCCGTGTC
PBX3	Forward	ACAGTGATGGCCTTGGAG
	Reverse	GGCCTTCTGTAGGAGAAGTC
BAALC	Forward	AATCCACCTGGCTCACCTAC
	Reverse	TTGGAGGGCAGTCCATCTTC
MN1	Forward	GTACATGCCCGCTGACAAGG
	Reverse	GAGGTCGTGGGCTTCTTTGC

**Supplemental Table 2 *NPM1* mutation in discrepant cases**

No.	<i>NPM1</i> mutation
1	Type I <sup>*</sup>
2	Del GGAGGAA / Insertion CCCTAGCTAGG (exon 12)
3	Type A <sup>*</sup>
4	Type A <sup>*</sup>
5	ND <sup>**</sup>

Numbering of cases is according to Table 2. <sup>\*</sup>Mutation types according to Falini et al. Blood 2007, Vol 109;874-885. ND, not determined because not enough material left for sequencing analysis.

## Legend Supplemental Figure 1

### Supplemental Figure 1 Immunohistochemistry for NPM1 of all cases

Immunohistochemistry of all cases for NPM1 on 1-2  $\mu\text{m}$  tissue sections, using an alternative staining procedure. The NPM1 antigen was retrieved with TRIS EDTA buffer (pH 8.5). Slides were incubated with 1:50 diluted supernatant of the anti-NPM1 antibody (clone 376, 1G3) (kindly provided by Prof. Falini, Perugia, Italy). NPM1 was visualized using the ultraview universal alkaline phosphatase red detection kit with fast red/naphthol (Ventana). All cases are numbered according to Table 2. The arrows indicate cytoplasmic expression.

Cases 1 and 4: only nuclear pattern. Case 2: two different areas from the same biopsy, 2a: nuclear staining, partially in probably erythroblasts, 2b: small clusters of myeloblasts with a nuclear and cytoplasmic staining. Case 3: two different areas from the same biopsy, 3a: almost exclusively nuclear staining in more mature leukemic cells, 3b: small clusters of blasts with a nuclear and cytoplasmic staining. Case 5: two subsequent biopsies (interval one day) in a patient with probably a myelomonocytic leukemia and bone marrow fibrosis resulting in a dry tap. The first biopsy (5b) shows many blasts with obvious nucleoli with a combined nuclear and cytoplasmic staining. The second biopsy taken one day later (5a) showed a less blastic appearance of the cells with only nuclear staining. Cases 6-9 show an obvious combined nuclear and cytoplasmic staining, albeit in case 7 in only a minority of the cells.



