

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Julie   | 2. Surname (Last Name)<br>Sandahl                                   | 3. Date<br>04-December-2013                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |   |   |

### 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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### 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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Dr. Sandahl has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Eva   | 2. Surname (Last Name)<br>Coenen                                    | 3. Date<br>21-November-2013                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |   |   |

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Dr. Coenen 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)

Erik

2. Surname (Last Name)

Forestier

3. Date

20-November-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Henrik Hasle

5. Manuscript Title

t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:  
an international study on 62 patients

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2013/098517

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Dr. Forestier has nothing to disclose.

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### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Jochen  | 2. Surname (Last Name)<br>Harbott                                   | 3. Date<br>09-December-2013                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |   |   |
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Dr. Harbott has nothing to disclose.

### Evaluation and Feedback

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|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Bertil   | 2. Surname (Last Name)<br>Johansson                                 | 3. Date<br>25-November-2013                 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia: an international study on 62 patients |   |   |
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Dr. Johansson has nothing to disclose.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |                                    |   |
|---|------------------------------------|---|
| 1. Given Name (First Name)<br>Gitte Birk  | 2. Surname (Last Name)<br>Kerndrup | 3. Date<br>20-November-2013                 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                                    | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |                                    |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |                                    |   |

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Evaluation and Feedback

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20.11.13



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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |                                  |   |
|--|----------------------------------|---|
| 1. Given Name (First Name)<br>Souichi  | 2. Surname (Last Name)<br>Adachi | 3. Date<br>21-November-2013                 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |                                  | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia: an international study on 62 patients |                                  |   |
| 6. Manuscript Identifying Number (if you know it)<br>HEMATOL/2013/098517   |                                  |   |

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Professor Adachi has nothing to disclose

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### Section 1. Identifying Information

1. Given Name (First Name)

AVURIGMON

2. Surname (Last Name)

Anne

3. Date

05/12/2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Henrik Hasle

5. Manuscript Title

t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:  
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6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>H. Berna  | 2. Surname (Last Name)<br>Beverloo                                  | 3. Date<br>04-December-2013                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |   |   |

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Beverloo has nothing to disclose.

### Evaluation and Feedback

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|   |                                   |   |
|---|-----------------------------------|---|
| 1. Given Name (First Name)<br>Jean-Michel   | 2. Surname (Last Name)<br>Cayuela | 3. Date<br>04-December-2013                 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                                   | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |                                   |   |
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If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments                              |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------|
| Novartis       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | honoraria for lectures and consulting |
| BMS            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | honoraria for lectures and consulting |

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Cayuela reports personal fees from Novartis, personal fees from BMS, outside the submitted work; .

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report 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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**Other:** Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

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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)<br>Lucy  | 2. Surname (Last Name)<br>Chilton | 3. Date<br>20-November-2013                 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                                   | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |                                   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |                                   |   |

### 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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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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### 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. Chilton has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Maarten  | 2. Surname (Last Name)<br>Fornerod                                  | 3. Date<br>20-November-2013                 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia: an international study on 62 patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517  |   |   |

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Fornerod has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |                                   |   |
|---|-----------------------------------|---|
| 1. Given Name (First Name)<br>Valerie   | 2. Surname (Last Name)<br>de Haas | 3. Date<br>25-November-2013                 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                                   | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |                                   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |                                   |   |

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

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. de Haas has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Christine      2. Surname (Last Name) Harrison      3. Date 20-November-2013

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Henrik Hasle

5. Manuscript Title  
t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia: an international study on 62 patients

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2013/098517

### 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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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Harrison has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |                                 |   |
|---|---------------------------------|---|
| 1. Given Name (First Name)<br>Hiroto  | 2. Surname (Last Name)<br>Inaba | 3. Date<br>20-November-2013                     |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                                 | Corresponding Author's Name<br>Dr. Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |                                 |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |                                 |   |

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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

If yes, please fill out the appropriate information below.

| Name of Entity            | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments       |
|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------|
| Bayor/Onyx research grant | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | research grant |

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Inaba reports grants from Bayor/Onyx research grant, outside the submitted work; .

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Use this section to report 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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**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**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)<br>Gertjan   | 2. Surname (Last Name)<br>Kaspers | 3. Date<br>21-November-2013                 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                                   | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |                                   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |                                   |   |

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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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### 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. Kaspers has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Der-Cherng   | 2. Surname (Last Name)<br>Liang                                     | 3. Date<br>21-November-2013                 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22,q34)/DEK-NUP214 rearranged pediatric myeloid leukemia: an international study on 62 patients |   |   |
| 6. Manuscript Identifying Number (if you know it)  |   |   |

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

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Liang 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)<br>Franco  | 2. Surname (Last Name)<br>Locatelli                                 | 3. Date<br>21-November-2013                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |   |   |

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

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Locatelli has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Riccardo   | 2. Surname (Last Name)<br>Masetti                                   | 3. Date<br>20-November-2013                 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia: an international study on 62 patients |   |   |
| 6. Manuscript Identifying Number (if you know it)  |   |   |

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

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Are there any relevant conflicts of interest?  Yes  No

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Masetti has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Christine   | 2. Surname (Last Name)<br>Perot                                     | 3. Date<br>16-December-2013                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |   |   |

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Perot has nothing to disclose.

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**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**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)<br>SUSANA  | 2. Surname (Last Name)<br>RAIMONDI                                  | 3. Date<br>20-November-2013                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |   |   |

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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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### 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. RAIMONDI has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Katarina  | 2. Surname (Last Name)<br>Reinhardt                                 | 3. Date<br>25-November-2013                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |   |   |

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Reinhardt has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Daisuke   | 2. Surname (Last Name)<br>Tomizawa                                  | 3. Date<br>20-November-2013                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |   |   |

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Tomizawa has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Nils   | 2. Surname (Last Name)<br>von Neuhoff                               | 3. Date<br>30-November-2013                 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia: an international study on 62 patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517  |   |   |

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

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. von Neuhoff 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)<br>Marco   | 2. Surname (Last Name)<br>Zecca | 3. Date<br>16-December-2013                 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |                                 | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |                                 |   |
| 6. Manuscript Identifying Number (if you know it)<br>HAEMATOL/2013/098517   |                                 |   |

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Zecca 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) Christian  
2. Surname (Last Name) Zwaan  
3. Date 20-November-2013

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Henrik Hasle

5. Manuscript Title  
t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:  
an international study on 62 patients

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2013/098517

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent

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|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Marry M   | 2. Surname (Last Name)<br>van den Heuvel-Eibrink                    | 3. Date<br>21-November-2013                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Henrik Hasle |
| 5. Manuscript Title<br>t(6;9)(p22;q34)/DEK-NUP214 rearranged pediatric myeloid leukemia:<br>an international study on 62 patients |   |   |
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4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
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