

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Section 1. Identifying Information

1. Given Name (First Name) Rodrigo	2. Surname (Last Name) Santacruz	3. Date 02-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/099796		

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Dr. Santacruz has nothing to disclose.

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1. Given Name (First Name) Neus	2. Surname (Last Name) Villamor	3. Date 02-December-2013
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5. Manuscript Title The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy		
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1. Given Name (First Name) Marta	2. Surname (Last Name) Aymerich	3. Date 03-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy		
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1. Given Name (First Name) ALEJANDRA	2. Surname (Last Name) MARTINEZ-TRILLOS	3. Date 03-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
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1. Given Name (First Name) Cristina	2. Surname (Last Name) Lopez Gonzalez	3. Date 02-December-2013
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1. Given Name (First Name) Alba	2. Surname (Last Name) Navarro	3. Date 02-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/099796		

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

Section 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) Maria	2. Surname (Last Name) Rozman	3. Date 03-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/099796		

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Dr. Rozman 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) Sílvia	2. Surname (Last Name) Beà	3. Date 02-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/099796		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Cristina	2. Surname (Last Name) Royo	3. Date 02-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Maité

2. Surname (Last Name)

Cazorla

3. Date

03-December-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Julio Delgado

5. Manuscript Title

The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2013/099796

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Dr. Cazorla has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
DOLORS

2. Surname (Last Name)
COLOMER

3. Date
02-December-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
JULIO DELGADO

5. Manuscript Title

The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2013/099796

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Dr. COLOMER 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) Eva	2. Surname (Last Name) Giné	3. Date 02-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title "The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy"		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/099796		

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

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Dr. Giné 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) Magda	2. Surname (Last Name) Pinyol	3. Date 02-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/099796		

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) XOSE	2. Surname (Last Name) PUENTE	3. Date 02-December-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name JULIO DELGADO
5. Manuscript Title The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/099796		

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. PUENTE has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Carlos	2. Surname (Last Name) Lopez-Otin	3. Date 02-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Elais	2. Surname (Last Name) Campo	3. Date 12-February-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy		
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1. Given Name (First Name) Armando	2. Surname (Last Name) López-Guillermo	3. Date 02-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Delgado J
5. Manuscript Title The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/099796		

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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.)?

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Dr. López-Guillermo has nothing to disclose.

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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 six parts.

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".

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Definitions.

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

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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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

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Section 1. Identifying Information

1. Given Name (First Name)

Julio

2. Surname (Last Name)

Delgado

3. Date

02-December-2013

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The prognostic impact of minimal residual disease in patients with chronic lymphocytic leukemia requiring first-line therapy

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2013/099796

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