

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Julie | 2. Surname (Last Name) Vrana | 3. Date 27-February-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ahmet Dogan |
| 5. Manuscript Title Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics | | |
| 6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/102764 | | |

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Dr. Vrana has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Jason | 2. Surname (Last Name) Theis | 3. Date 28-February-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ahmet Dogan |
| 5. Manuscript Title Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics | | |
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Dr. Theis has nothing to disclose.

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| | | |
|--|---|--|
| 1. Given Name (First Name) Surendra | 2. Surname (Last Name) Dasari | 3. Date 27-February-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ahmet Dogan |
| 5. Manuscript Title Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics | | |
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| | | |
|--|---|--|
| 1. Given Name (First Name) Oana | 2. Surname (Last Name) Mereuta | 3. Date 28-February-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ahmet Dogan |
| 5. Manuscript Title Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics | | |
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| | | |
|--|---|--|
| 1. Given Name (First Name) Angela | 2. Surname (Last Name) Dispenzieri | 3. Date 26-February-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ahmet Dogan |
| 5. Manuscript Title Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics | | |
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Other: Anything not covered under the previous three boxes

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) Steven | 2. Surname (Last Name) Zeldenrust | 3. Date 28-February-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ahmet Dogan |
| 5. Manuscript Title Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics | | |
| 6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/102764 | | |

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.

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 publication**.

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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.

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. Zeldenrust has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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Instructions

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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.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Morie 2. Surname (Last Name) Gertz 3. Effective Date (07-August-2008) 02-January-2013

4. Are you the corresponding author? Yes No Corresponding Author's Name
Nelson Leung

5. Manuscript Title
A detailed evaluation of the current renal response criteria in AL amyloidosis: Is it time for a revision?

6. Manuscript Identifying Number (if you know it)
Haematol/2012/079210

A detailed evaluation of the current renal response criteria in AL amyloidosis: Is it time for a revision

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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Support for travel to meetings for the study or other purposes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

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** | |
| | | | | | | ADD |
| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 3. Employment | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Binding Site | | X |
| | | | | | | ADD |
| 4. Expert testimony | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Grants/grants pending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |

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) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 9. Royalties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 11. Stock/stock options | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | 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):

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Hide All Table Rows Checked 'No'

SAVE

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Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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.

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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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) Julie | 2. Surname (Last Name) Vrana | 3. Date 27-February-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ahmet Dogan |
| 5. Manuscript Title Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics | | |
| 6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/102764 | | |

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

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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. Vrana 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) Karen | 2. Surname (Last Name) Grogg | 3. Date 28-February-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ahmet Dogan |
| 5. Manuscript Title Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics | | |
| 6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/102764 | | |

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

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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. Grogg has nothing to disclose.

Evaluation and Feedback

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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)

Ahmet

2. Surname (Last Name)

Dogan

3. Date

28-February-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Clinical diagnosis and typing of systemic amyloidosis in subcutaneous fat aspirates by mass spectrometry-based proteomics

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2013/102764

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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Dr. Dogan has nothing to disclose.

Evaluation and Feedback

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