

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.

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

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Torelli



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Giovanni Fernando	2. Surname (Last Name) Torelli	3. Date 24-February-2014
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Recognition of adult and pediatric acu	te lymphoblastic leukemia blasts by natural killer cell	s
6. Manuscript Identifying Number (if you k HAEMATOL/2013/101931	now it)	
Section 2. The Work Under C	Consideration for Publication	
	eive payment or services from a third party (government, control g but not limited to grants, data monitoring board, study dotsest?	•
Section 3. Relevant financial	activities outside the submitted work.	
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Section 4. Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plar	nned, pending or issued, broadly relevant to the work	☐ Yes ✔ No</th

Torelli



Costion F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
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Section 6.	Disclosure Statement
	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Torelli has no	thing to disclose

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Torelli 3



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Peragine 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Nadia	Surname (Last Name) Peragine	3. Date 20-February-2014
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Torelli GF
5. Manuscript Title Recognition of adult and pediatric acut	e lymphoblastic leukemia	blasts by natural killer cells
6. Manuscript Identifying Number (if you kr HAEMATOL/2013/101931	now it)	_
Section 2. The Week Under C		
The Work Under Co	onsideration for Public	cation
	. ,	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of interest	est? Yes V No	
Section 3. Relevant financial	activities outside the s	submitted work.
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Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes No

Peragine 2



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Raponi



Section 1. Identifying Inforn	nation	
1. Given Name (First Name) Sara	2. Surname (Last Name) Raponi	3. Date 21-February-2014
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Giovanni F. Torelli
5. Manuscript Title Recognition of adult and pediatric acut	te lymphoblastic leukemia	blasts by natural killer cells
6. Manuscript Identifying Number (if you ki HAEMATOL/2013/101931	now it)	_
Sortion 2		
Section 2. The Work Under C	onsideration for Publi	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
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Section 4. Intellectual Prope	rty Patents & Copyri	ahts
Do you have any patents, whether plan		

Raponi



Section 5.	
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Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Pagliara 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Daria	2. Surname (Last Name) Pagliara	3. Date 20-February-2014
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Giovanni F. Torelli
5. Manuscript Title Recognition of adult and pediatric acut	e lymphoblastic leukemia	blasts by natural killer cells
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Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Pagliara 2



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DE PROPRIS 1



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DE PROPRIS 2



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VITALE 1



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4. Are you the corresponding author?	Yes V No	Corresponding Author's Name GIOVANNI F. TORELLI
5. Manuscript Title Recognition of adult and pediatric acut	te lymphoblastic leukemia	blasts by natural killer cells
6. Manuscript Identifying Number (if you kr HAEMATOL/2013/101931	now it)	
Section 2. The Work Under C	onsideration for Publi	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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 V		
Section 4. Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, bi	roadly relevant to the work? Yes V No

VITALE



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Dr. Vitale has not	thing to disclose

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VITALE 3



Instructions

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Bertaina



Section 1. Identifying Inform	mation	
Given Name (First Name) Alice	2. Surname (Last Name) Bertaina	3. Date 20-February-2014
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Giovanni F. Torelli
5. Manuscript Title Recognition of adult and pediatric acu	te lymphoblastic leukemia	a blasts by natural killer cells
6. Manuscript Identifying Number (if you k HAEMATOL/2013/101931	now it)	_
Section 2. The World Under C		
The Work Under C	Consideration for Publi	n a third party (government, commercial, private foundation, etc.) for
	. ,	ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inter	rest? Yes V No	
Section 3. Polyment financial		
Relevant financial	activities outside the	submitted work.
of compensation) with entities as descri	ribed in the instructions. U	nether you have financial relationships (regardless of amount lse one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.
Are there any relevant conflicts of inter	rest? Yes No	
Section 4. Intellectual Brane		
Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plar	nned, pending or issued, b	roadly relevant to the work? Yes No

Bertaina



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Bertaina has	nothing to disclose.

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Bertaina 3



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Barberi 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Walter	2. Surname (Last Name) Barberi	3. Date 22-February-2014
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Giovanni F. Torelli
5. Manuscript Title Recognition of adult and pediatric acut	te lymphoblastic leukemia	a blasts by natural killer cells
6. Manuscript Identifying Number (if you ki HAEMATOLOGICA 2013-101931	now it)	_
Section 2. The Week Under C		
Did you or your institution at any time rece	. ,	n a third party (government, commercial, private foundation, etc.) for
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter		ata monitoring board, study design, manuscript preparation,
Are there any relevant connicts of inter-	est: Tes No	
Section 3. Polyment Grant Street		
Relevant financial	activities outside the	submitted work.
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Are there any relevant conflicts of inter-	est? Yes No	
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, b	roadly relevant to the work? Yes 🗸 No

Barberi



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Section 6.	
	Disclosure Statement
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Royalties: Funds are coming in to you or your institution due to your patent

Moretta 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Lorenzo	2. Surname (Last Name) Moretta	3. Date 20-February-2014
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Giovanni Fernando Torelli
5. Manuscript Title "Recognition of adult and pediatric acu	te lymphoblastic leukemia	ı blasts by natural killer cells"
6. Manuscript Identifying Number (if you kr HAEMATOL/2013/101931	now it)	
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Continue 2		
Section 3. Relevant financial	activities outside the s	ubmitted 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		
Continue		
Section 4. Intellectual Proper	ty Patents & Copyric	hts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes Vo

Moretta 2



Cartion F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Cartina	
Section 6.	Disclosure Statement
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Dr. Moretta has ı	nothing to disclose.

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Moretta 3



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Section 1.	ol.	
Identifying Inform	ation	
Given Name (First Name) GIUSEPPE	2. Surname (Last Name) BASSO	3. Date 01-October-1948
4. Are you the corresponding author?	Yes No	Corresponding Author's Name GIOVANNI F. TORELLI
5. Manuscript Title RECOGNITION OF ADULT AND PEDIATRI	C ACUTE LYMPHOBLASTIC	C LEUKEMIA BLASTS BY NATURAL KILLER CELLS
6. Manuscript Identifying Number (if you know HAEMATOL/2013/101931	ow it)	
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The Work Under Co	nsideration for Public	ation
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Dr. BASSO has nothing to disclose.

Evaluation and Feedback

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SANTONI 1



Section 1. Identifying Inform	nation	
Given Name (First Name) ANGELA	2. Surname (Last Name) SANTONI	3. Date 24-February-2014
4. Are you the corresponding author?	Yes No	Corresponding Author's Name GIOVANNI F. TORELLI
5. Manuscript Title Recognition of adult and pediatric acu	te lymphoblastic leukemia	blasts by natural killer cells
6. Manuscript Identifying Number (if you k HAEMATOL/2013/101931	now it)	
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Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plar	nned, pending or issued, bi	roadly relevant to the work? Yes V No

SANTONI



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Dr. Santoni has r	nothing to disclose

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SANTONI 3



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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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.

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.

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

Guarini 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Anna	2. Surname (Last Name) Guarini	3. Date 20-February-2014
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Torelli GF
5. Manuscript Title "Recognition of adult and pediatric acu	ute lymphoblastic leukemi	a blasts by natural killer cells"
6. Manuscript Identifying Number (if you k HAEMATOL/2013/101931,	now it)	_
Continue 2		
Section 2. The Work Under C	Consideration for Publi	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descri	ribed in the instructions. Upport relations his that we	nether you have financial relationships (regardless of amount less one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.
Section 4. Intellectual Prope	rty Patents & Copyri	ahte
mtenectaai Fiope	rty — ratelits & copyli	gins
Do you have any patents, whether plar	nned, pending or issued, b	roadly relevant to the work? Yes No

Guarini



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Guarini has n	othing to disclose.

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Guarini 3



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".

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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Definitions.

Locatelli

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

administrative support, etc.

patent



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Franco	2. Surname (Last Name) Locatelli	3. Date 20-February-2014
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Giovanni F. Torelli
5. Manuscript Title Recognition of adult and pediatric acut	e lymphoblastic leukemia	a blasts by natural killer cells
6. Manuscript Identifying Number (if you ki HAEMATOL/2013/101931	now it)	
Continu 2		
Section 2. The Work Under C	onsideration for Publi	ication
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr	ibed in the instructions. U port relationships that we	nether you have financial relationships (regardless of amount less one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.
Section 4		
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes No

Locatelli



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	
Decilon of	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Locatelli has	nothing to disclose.

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Locatelli 3



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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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Other relationships.

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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fin Robin	rst Name)	2. Surname (Last Nam Foà		3. Effective Date (07-August-2008) 23-February-2014
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Nam Giovanni F Torelli	e
5. Manuscript Title Recognition of a		ıte lymphoblastic leuke	mia blasts by natural killer cells	
6. Manuscript Ider HAEMATOL/2013	ntifying Number (if you l 3/101931	know it)		

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 Pub	lication				
Туре	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
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	~					×
						ADD
Payment for writing or reviewing the manuscript	•					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	•					×



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	~					×
						ADD

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 out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership		V		Roche, Celgene, Janssen, BMS, GSK, Amgen, Mundipharma	No relationship with present work	×
						ADD
2. Consultancy		~		Roche, Celgene, Janssen	No relationship with present work	×
						ADD
3. Employment	•					×
						ADD
4. Expert testimony	~					×
						ADD
5. Grants/grants pending	•					×
						ADD
Payment for lectures including service on speakers bureaus		~		Roche, Celgene, Janssen	No relationship with present work	×
						ADD

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	~					×
						ADD
Patents (planned, pending or issued)	•					×
						ADD
9. Royalties	~					×
						ADD
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 ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	
Section 4.						

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



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