

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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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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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) Valentina	2. Surname (Last Name) Longo	3. Date 07-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sara Rinalducci
5. Manuscript Title Label-free quantitation of phosphopeptide changes in erythrocyte membranes: towards molecular mechanisms underlying deformability alterations in stored red blood cells		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/103333		

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Italian National Blood Centre (CNS, Rome)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Dr. Longo reports grants from Italian National Blood Centre (CNS, Rome) during the conduct of the study.

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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) Marrocco	3. Date 07-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sara Rinalducci
5. Manuscript Title Label-free quantitation of phosphopeptide changes in erythrocyte membranes: towards molecular mechanisms underlying deformability alterations in stored red blood cells		
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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Italian National Blood Centre (CNS, Rome)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 1. Identifying Information

1. Given Name (First Name)
Lello

2. Surname (Last Name)
Zolla

3. Date
07-February-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Sara Rinalducci

5. Manuscript Title
Label-free quantitation of phosphopeptide changes in erythrocyte membranes: towards molecular mechanisms underlying deformability alterations in stored red blood cells

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Sara

2. Surname (Last Name)
Rinalducci

3. Date
07-February-2014

4. Are you the corresponding author? Yes No

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