

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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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.

Relationships not covered above.

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earning royalties or not

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

patent

Barbui



Section 1. Identifying Inform	wation.	
Identifying Inform	nation	
Given Name (First Name) Tiziano	2. Surname (Last Name) Barbui	3. Date 24-March-2014
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Cancer survivorship programs: Time fo	or concerted action	
6. Manuscript Identifying Number (if you k HAEMATOL/2014/104059	now it)	
Section 2. The Work Under C	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 inter	rest? Yes 🗸 No	
Section 4. Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plar	nned, pending or issued, broadly relevant to the wor	k? Yes 🗸 No

Barbui



Section 5.			
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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. Barbui has no	othing 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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Björkholm



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1. Given Name (First Name) Magnus	2. Surname (Last Name) Björkholm	3. Date 24-March-2014
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Tiziano Barbui
5. Manuscript Title Cancer survivorship programs: Time for concerted action		
6. Manuscript Identifying Number (if you kr HAEMATOL/2014/104059	now it)	_
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Do you have any patents, whether plan	ned, pending or issued, bi	roadly relevant to the work? Yes V No

Björkholm



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Gratwohl



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1. Given Name (First Name) Alois	2. Surname (Last Name) Gratwohl	3. Date 28-March-2014	
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Tiziano Barbui	
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Gratwohl



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