

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)
Max

2. Surname (Last Name)
Hubmann

3. Date
12-March-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Molecular response assessment by quantitative RT-PCR after induction therapy in NPM1 mutated patients identifies patients at high risk for relapse

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/104133

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Dr. Hubmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Köhnke	3. Date 26-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Max Hubmann
5. Manuscript Title Molecular response assessment by quantitative RT-PCR after induction therapy in NPM1 mutated patients identifies patients at high risk for relapse		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/104133		

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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. Köhnke has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Eva	2. Surname (Last Name) Hoster	3. Date 27-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Max Hubmann
5. Manuscript Title Molecular response assessment by quantitative RT-PCR after induction therapy in NPM1 mutated patients identifies patients at high risk for relapse		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/104133		

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Dr. Hoster has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Stephanie	2. Surname (Last Name) Schneider	3. Date 27-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Max Hubmann
5. Manuscript Title Molecular response assessment by quantitative RT-PCR after induction therapy in NPM1 mutated patients identifies patients at high risk for relapse		
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Section 1. Identifying Information

1. Given Name (First Name)

Annika

2. Surname (Last Name)

Dufuor

3. Date

27-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Max Hubmann

5. Manuscript Title

Molecular response assessment by quantitative RT-PCR after induction therapy in NPM1 mutated patients identifies patients at high risk for relapse

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Evelyn	2. Surname (Last Name) Zellmeier	3. Date 27-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Max Hubmann
5. Manuscript Title Molecular response assessment by quantitative RT-PCR after induction therapy in NPM1 mutated patients identifies patients at high risk for relapse		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/104133		

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Zellmeier 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) Michael	2. Surname (Last Name) Fiegl	3. Date 26-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Max Hubmann
5. Manuscript Title Molecular response assessment by quantitative RT-PCR after induction therapy in NPM1 mutated patients identifies patients at high risk for relapse		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/104133		

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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

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Dr. Fiegl 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) Jan	2. Surname (Last Name) Braess	3. Date 27-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Max Hubmann
5. Manuscript Title Molecular response assessment by quantitative RT-PCR after induction therapy in NPM1 mutated patients identifies patients at high risk for relapse		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/104133		

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Dr. Braess 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) Stefan	2. Surname (Last Name) Bohlander	3. Date 27-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Max Hubmann
5. Manuscript Title Molecular response assessment by quantitative RT-PCR after induction therapy in NPM1 mutated patients identifies patients at high risk for relapse		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marion	2. Surname (Last Name) Subklewe	3. Date 27-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Max Hubmann
5. Manuscript Title Molecular response assessment by quantitative RT-PCR after induction therapy in NPM1 mutated patients identifies patients at high risk for relapse		
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Dr. Subklewe 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) Cristina	2. Surname (Last Name) Sauerland	3. Date 27-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Max Hubmann
5. Manuscript Title Molecular response assessment by quantitative RT-PCR after induction therapy in NPM1 mutated patients identifies patients at high risk for relapse		
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Dr. Sauerland 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) Wolfgang E.	2. Surname (Last Name) Berdel	3. Date 27-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Max Hubmann
5. Manuscript Title Molecular response assessment by quantitative RT-PCR after induction therapy in NPM1 mutated patients identifies patients at high risk for relapse		
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Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Büchner

3. Date

27-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Max Hubmann

5. Manuscript Title

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1. Given Name (First Name)
Bernhard

2. Surname (Last Name)
Woermann

3. Date
27-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Max Hubmann

5. Manuscript Title

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HAEMATOL/2014/104133

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