

#### **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 four parts.

## 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.

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.

## 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 (First Name) Lucía	2. Surname (Last Name) López Corral	3. Effective Date (07-August-2008) 27-January-2014
4. Are you the corresponding author?	<b>✓</b> Yes	
5. Manuscript Title Transcriptome analysis reveals molec	ular profiles associated with evolving ste	ps of monoclonal gammopathies
6. Manuscript Identifying Number (if you HAEMATOL/2013/087809	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 Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	~					×				
2. Consulting fee or honorarium	<b>v</b>					ADD X				
Support for travel to meetings for the study or other purposes	~					ADD X				
						ADD				
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>v</b>					×				
						ADD				
5. Payment for writing or reviewing the manuscript	~					×				
						ADD				
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	~					×				



The Work Under Consideration for Publication										
Тур	e 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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	~					×		
						ADD		
2. Consultancy	~					×		
						ADD		
3. Employment	~					×		
						ADD		
4. Expert testimony	~					×		
						ADD		
5. Grants/grants pending	~					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	•					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	•					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



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				
<ol><li>Patents (planned, pending or issued)</li></ol>	~					×				
						ADD				
9. Royalties	~					×				
						ADD				
<ol><li>Payment for development of educational presentations</li></ol>	~					×				
						ADD				
11. Stock/stock options	~					×				
12 T //						ADD				
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	~					×				
						ADD				
13. Other (err on the side of full disclosure)	~					×				
** For example, if you report a consultance	* 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.									
Other relations										
Are there other relationships or activ potentially influencing, what you wro				to have influenced, or th	at give the appearance of					
No other relationships/conditions	s/circum	stances th	nat present a po	otential conflict of intere	st					
Yes, the following relationships/c										
At the time of manuscript acceptance On occasion, journals may ask author						ements.				

López Corral 4

SAVE

**Hide All Table Rows Checked 'No'** 



### **Evaluation and Feedback**

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



#### **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 four parts.

## 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.

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. 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 (Fir Luis	rst Name)	2. Surname (Last Nam Antonio Corchete	3. Effective Date (07-August-2008) 27-January-2014
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Name Lucía López-Corral
5. Manuscript Title Transcriptome a		ular profiles associated v	with evolving steps of monoclonal gammopathies
6. Manuscript Ider HAEMATOL/2013	ntifying Number (if you 3/087809	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 Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	~					×				
2. Consulting fee or honorarium	<b>v</b>					ADD X				
Support for travel to meetings for the study or other purposes	~					ADD X				
						ADD				
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>v</b>					×				
						ADD				
5. Payment for writing or reviewing the manuscript	~					×				
						ADD				
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	~					×				



The Work Under Consideration for Publication										
Тур	e 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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	~					×		
						ADD		
2. Consultancy	~					×		
						ADD		
3. Employment	<b>v</b>					×		
						ADD		
4. Expert testimony	~					×		
	_					ADD		
5. Grants/grants pending	~					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	~					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	~					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



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			
<ol><li>Patents (planned, pending or issued)</li></ol>	~					×			
						ADD			
9. Royalties	<b>'</b>					×			
						ADD			
Payment for development of educational presentations	~					×			
						ADD			
11. Stock/stock options	<b>'</b>					×			
						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	~					×			
						ADD			
13. Other (err on the side of full disclosure)	~					×			
* This was a second upon a subhabit so sur in skib shi on		£	for who			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. Other relational									
Other relationsl	nips								
Are there other relationships or activ potentially influencing, what you wro				to have influenced, or th	at give the appearance of				
No other relationships/condition	-/circum	ctancoc th	at procent a p	otantial conflict of intere	.ct				
No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):									
A		1		<i>6</i> :					
At the time of manuscript acceptance On occasion, journals may ask author						ements.			

Antonio Corchete 4

SAVE

**Hide All Table Rows Checked 'No'** 



### **Evaluation and Feedback**

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



#### **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 four parts.

## 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.

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.

## 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.	ldentifying Infor	mation	
1. Given Name (Fi Maria Eugenia	rst Name)	2. Surname (Last Name) Sarasquete	3. Effective Date (07-August-2008) 27-January-2014
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Name Lucía López-Corral
5. Manuscript Title Transcriptome a		ular profiles associated with	n evolving steps of monoclonal gammopathies
6. Manuscript Ider HAEMATOL/201	ntifying Number (if you 3/087809	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 Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	~					×				
2. Consulting fee or honorarium	<b>v</b>					ADD X				
Support for travel to meetings for the study or other purposes	~					ADD X				
						ADD				
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>v</b>					×				
						ADD				
5. Payment for writing or reviewing the manuscript	~					×				
						ADD				
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	~					×				



The Work Under Consideration for Publication								
Тур	e 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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	~					×		
						ADD		
2. Consultancy	~					×		
						ADD		
3. Employment	~					×		
						ADD		
4. Expert testimony	•					×		
						ADD		
5. Grants/grants pending	~					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	~					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	~					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
					A	DD		
<ol><li>Patents (planned, pending or issued)</li></ol>	~					×		
					A	DD		
9. Royalties	~					×		
					A	DD		
10. Payment for development of educational presentations	~				>	×		
					A	DD		
11. Stock/stock options	~				>	×		
12 Travel/assayana dations/					A	DD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	~				>	×		
					A	DD		
13. Other (err on the side of full disclosure)	~					×		
* This means money that your institution ** For example, if you report a consultand		•		ravel related to that consul	_	DD		
Section 4. Other relations	nips							
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):								
At the time of manuscript acceptanc On occasion, journals may ask autho						nts.		

Sarasquete 4

SAVE

**Hide All Table Rows Checked 'No'** 



### **Evaluation and Feedback**

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



#### **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 four parts.

## 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.

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.

## 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	
<ol> <li>Given Name (Fi María-Victoria</li> </ol>	rst Name)	2. Surname (Last Name) Mateos	3. Effective Date (07-August-2008) 27-January-2014
4. Are you the corresponding author?		Yes V No	Corresponding Author's Name Lucía López-Corral
5. Manuscript Titl Transcriptome a		ular profiles associated wit	h evolving steps of monoclonal gammopathies
6. Manuscript Ide HAEMATOL/201	ntifying Number (if you 3/087809	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 Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	~					×		
2. Consulting fee or honorarium	<b>v</b>					ADD X		
Support for travel to meetings for the study or other purposes	~					ADD X		
						ADD		
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>v</b>					×		
						ADD		
5. Payment for writing or reviewing the manuscript	~					×		
						ADD		
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	~					×		



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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	~					×		
						ADD		
2. Consultancy	~					×		
						ADD		
3. Employment	~					×		
						ADD		
4. Expert testimony	~					×		
						ADD		
5. Grants/grants pending	~					×		
						ADD		
6. Payment for lectures including service on speakers bureaus		~		Advisory board: Millennium, Celgene, Janssen, Mundipharma		×		
						ADD		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
7. Payment for manuscript preparation	~					×		
Patents (planned, pending or issued)	~					ADD X		
9. Royalties	<b>'</b>					ADD X		
Payment for development of educational presentations	~					ADD ×		
11. Stock/stock options	~					ADD X		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	~					ADD X		
13. Other (err on the side of full disclosure)	~					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.								

and the second	
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?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
	anuscript 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



### **Evaluation and Feedback**

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



#### **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 four parts.

## 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.

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.

## 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.	ldentifying Infor	mation		
1. Given Name (Fi Ramón	rst Name)	2. Surname (Last Name) García-Sanz		3. Effective Date (07-August-2008) 27-January-2014
4. Are you the corresponding author?		Yes V No	Corresponding Author's Name Lucía López-Corral	
5. Manuscript Title	2			
Transcriptome a	nalysis reveals molec	ular profiles associated wit	h evolving steps of monoclor	nal gammopathies
6. Manuscript Ider HAEMATOL/201	ntifying Number (if you 3/087809	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 Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant			~	PI080568, PS09/01450, PS0901897, RD06/0020/0006		×	
						ADD	
2. Consulting fee or honorarium	~					×	
						ADD	
3. Support for travel to meetings for the study or other purposes	•					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	~					×	
						ADD	
5. Payment for writing or reviewing the manuscript	•					×	
						ADD	



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	~					×		
						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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	~					×		
						ADD		
2. Consultancy	~					×		
						ADD		
3. Employment	~					×		
						ADD		
4. Expert testimony	~					×		
						ADD		
5. Grants/grants pending			<b>~</b>	Takeda, Novartis		×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>		~		Takeda, Janssen, Novartis, Cephalon		×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	~					×
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	~					×
						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

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):

<sup>\*</sup> This means money that your institution received for your efforts.

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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.

Hide All Table Rows Checked 'No'

SAVE

### **Evaluation and Feedback**

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



#### **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 four parts.

## 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.

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.

## 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.

Fermiňán 1



Section 1.	ldentifying Infor	mation		
1. Given Name (Fi Encarna	rst Name)	2. Surname (Last Name) Fermiñán	3. Effective Date (07-Augus 27-January-2014	st-2008)
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Lucía López-Corral	
5. Manuscript Title Transcriptome a		ular profiles associated with	n evolving steps of monoclonal gammopathies	
6. Manuscript Ider HAEMATOL/2013	ntifying Number (if you l 3/087809	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	~					×
2. Consulting fee or honorarium	<b>v</b>					ADD X
Support for travel to meetings for the study or other purposes	~					ADD X
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>v</b>					×
						ADD
5. Payment for writing or reviewing the manuscript	~					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	~					×

Fermiňán 2



The Work Under Consideration for Publication								
Тур	e 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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	~					×		
						ADD		
2. Consultancy	~					×		
						ADD		
3. Employment	~					×		
						ADD		
4. Expert testimony	~					×		
						ADD		
5. Grants/grants pending	~					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	~					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	~					×		

Fermiñán 3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> 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	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	~					×
						ADD
9. Royalties	~					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	~					×
						ADD
11. Stock/stock options	~					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	V					×
						ADD
13. Other (err on the side of full disclosure)	~					×
* This means money that your institution ** For example, if you report a consultand				ravel related to that consul <sup>,</sup>	tancy on this line.	ADD
Section 4. Other relationsl	nips					
Are there other relationships or activ potentially influencing, what you wro				to have influenced, or th	at give the appearance of	
No other relationships/conditions	s/circum	stances th	nat present a p	otential conflict of intere	st	
Yes, the following relationships/c						
At the time of manuscript acceptance On occasion, journals may ask author						ments.

Fermiñán 4

SAVE

Hide All Table Rows Checked 'No'



### **Evaluation and Feedback**

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

Fermiñán 5



#### **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 four parts.

## 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.

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.

## 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.	ldentifying Infor	mation	
1. Given Name (Fi Juan José	rst Name)	2. Surname (Last Name) Lahuerta	3. Effective Date (07-August-2008) 27-January-2014
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Name Lucía López-Corral
5. Manuscript Title Transcriptome a		ular profiles associated witl	n evolving steps of monoclonal gammopathies
6. Manuscript Ider HAEMATOL/201	ntifying Number (if you 3/087809	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	~					×
2. Consulting fee or honorarium	<b>v</b>					ADD X
Support for travel to meetings for the study or other purposes	~					ADD X
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>v</b>					×
						ADD
5. Payment for writing or reviewing the manuscript	~					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	~					×



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	~					×
						ADD
2. Consultancy	~					×
						ADD
3. Employment	~					×
						ADD
4. Expert testimony	~					×
						ADD
5. Grants/grants pending	~					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	•					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	•					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> 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	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	~					×
						ADD
9. Royalties	~					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	~					×
						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 consultand		•		ravel related to that consul	tancy on this line.	
Section 4. Other relations	nips					
Are there other relationships or activ potentially influencing, what you wro			•	to have influenced, or th	at give the appearance of	
✓ No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):						
At the time of manuscript acceptance On occasion, journals may ask author						ments.

Lahuerta 4

SAVE

Hide All Table Rows Checked 'No'



### **Evaluation and Feedback**

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



#### **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 four parts.

## 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.

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. 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.

Bladé



Section 1.	ldentifying Infor	mation	
1. Given Name (Fi Joan	rst Name)	2. Surname (Last Name) Bladé	3. Effective Date (07-August-2008) 27-January-2014
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Name Lucía López-Corral
5. Manuscript Title Transcriptome a		ular profiles associated wit	h evolving steps of monoclonal gammopathies
6. Manuscript Idea	ntifying Number (if you 3/087809	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 Publication								
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		
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	~					×		
						ADD		
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	•					×		
						ADD		
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	•					×		



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	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		~		Janssen, Celgene, Onyx		×	
						ADD	
2. Consultancy	~					×	
						ADD	
3. Employment	~					×	
						ADD	
4. Expert testimony	~					×	
						ADD	
5. Grants/grants pending			<b>v</b>	Janssen		×	
						ADD	
Payment for lectures including service on speakers bureaus		~		Janssen, Celgene, Onyx, GlaxoSmithKline, Bristol-Meyer-Squib		×	
						ADD	

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Relevant financial activities outs  Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
7. Payment for manuscript preparation	~					×	
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	•					×	
						ADD	
9. Royalties	~					×	
						ADD	
Payment for development of educational presentations	•					×	
						ADD	
11. Stock/stock options	~					×	
						ADD	
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	•					×	
						ADD	
13. Other (err on the side of full disclosure)	•					×	
						ADD	
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy 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):

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.

**Hide All Table Rows Checked 'No'** 

SAVE



### **Evaluation and Feedback**

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



#### **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 four parts.

### 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.

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.

## 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.	ldentifying Infor	mation		
1. Given Name (Fi Albert	rst Name)	2. Surname (Last Name) Oriol		3. Effective Date (07-August-2008) 27-January-2014
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Nam Lucía López-Corral	ne
5. Manuscript Title Transcriptome a		ılar profiles associated wit	h evolving steps of monoclon	nal gammopathies
6. Manuscript Idea HAEMATOL/201	ntifying Number (if you l 3/087809	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 Publication								
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		
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>v</b>					×		
						ADD		
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	•					×		
						ADD		
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	•					×		



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	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	~					×
						ADD
2. Consultancy	~					×
						ADD
3. Employment	~					×
						ADD
4. Expert testimony	~					×
						ADD
5. Grants/grants pending	~					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>		~		Celgene		×
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>		~		Janssen		×
						ADD

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
7. Payment for manuscript preparation	~					×	
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	•					×	
						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 consultanc				ravel related to that consul	tancy on this line.		

Section 4.	Other relationships
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ing, what you wrote in the submitted work?
	nships/conditions/circumstances that present a potential conflict of interest
At the time of man	uscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement als may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



### **Evaluation and Feedback**

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



#### **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 four parts.

### 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.

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.

## 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.	ldentifying Infor	mation	
1. Given Name (Fi Ana Isabel	irst Name)	2. Surname (Last Name) Teruel	3. Effective Date (07-August-2008) 27-January-2014
4. Are you the corresponding author?		Yes V No	Corresponding Author's Name Lucía López-Corral
5. Manuscript Title Transcriptome a		ular profiles associated wit	h evolving steps of monoclonal gammopathies
6. Manuscript Ide HAEMATOL/201	ntifying Number (if you 3/087809	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 Publication									
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			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	~					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	•					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	•					×			



The Work Under Consideration for Publication								
Туре	No	Money Paid to You		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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	~					×		
						ADD		
2. Consultancy	~					×		
						ADD		
3. Employment	~					×		
						ADD		
4. Expert testimony	~					×		
	_					ADD		
5. Grants/grants pending	~					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	~					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	~					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	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			
<ol><li>Patents (planned, pending or issued)</li></ol>	~					×			
						ADD			
9. Royalties	~					×			
						ADD			
10. Payment for development of educational presentations	~					×			
						ADD			
11. Stock/stock options	~	Ш				×			
12. Travel/accommodations/						ADD			
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. Other relational									
Other relationsh	nips								
Are there other relationships or active potentially influencing, what you wro				to have influenced, or th	at give the appearance of				
✓ No other relationships/conditions	s/circum	stances th	nat nresent a no	otential conflict of intere	st				
Yes, the following relationships/c									
At the time of manuscript acceptance On occasion, journals may ask author						ments.			
Jeeds.o., je d. Hals Hay ask addition				and a composition of the control of					

Teruel 4

SAVE

Hide All Table Rows Checked 'No'



### **Evaluation and Feedback**

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



#### **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 four parts.

### 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.

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.

## 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.	ldentifying Infor	mation	
1. Given Name (Fir María Luz	rst Name)	2. Surname (Last Name) Martino	3. Effective Date (07-August-2008) 27-January-2014
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Name Lucía López-Corral
5. Manuscript Title Transcriptome a		ular profiles associated wit	h evolving steps of monoclonal gammopathies
6. Manuscript Ider HAEMATOL/2013	ntifying Number (if you l 3/087809	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 Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	~					×			
2. Consulting fee or honorarium	<b>v</b>					ADD X			
Support for travel to meetings for the study or other purposes	~					ADD X			
						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>v</b>					×			
						ADD			
5. Payment for writing or reviewing the manuscript	~					×			
						ADD			
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	~					×			



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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	~					×		
						ADD		
2. Consultancy	~					×		
						ADD		
3. Employment	~					×		
						ADD		
4. Expert testimony	~					×		
						ADD		
5. Grants/grants pending	~					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	•					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	•					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	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			
<ol><li>Patents (planned, pending or issued)</li></ol>	~					×			
						ADD			
9. Royalties	~					×			
						ADD			
10. Payment for development of educational presentations	~					×			
						ADD			
11. Stock/stock options	~	Ш				×			
12. Travel/accommodations/						ADD			
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. Other relational									
Other relationsh	nips								
Are there other relationships or active potentially influencing, what you wro				to have influenced, or th	at give the appearance of				
✓ No other relationships/conditions	s/circum	stances th	nat nresent a no	otential conflict of intere	st				
Yes, the following relationships/c									
At the time of manuscript acceptance On occasion, journals may ask author						ments.			
Jeeds.o., je d. Hals Hay ask addition				and a composition of the control of					

Martino 4

SAVE

Hide All Table Rows Checked 'No'



### **Evaluation and Feedback**

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



#### **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 four parts.

### 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.

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.

## 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.	ldentifying Infor	mation		
1. Given Name (First Name) 2. Surname (Last Name) José Hernández			3. Effective Date (07-August-2008) 27-January-2014	
4. Are you the corresponding author? Yes Volume No		Corresponding Author's Name Lucía López-Corral		
5. Manuscript Title	2			
Transcriptome a	nalysis reveals molec	ular profiles associated wit	th evolving steps of monoclo	onal gammopathies
6. Manuscript Ider HAEMATOL/2013	ntifying Number (if you 3/087809	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 Publication									
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			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	~					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	•					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	•					×			



The Work Under Consideration for Publication								
Туре	No	Money Paid to You		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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	~					×		
						ADD		
2. Consultancy	~					×		
						ADD		
3. Employment	~					×		
						ADD		
4. Expert testimony	~					×		
	_					ADD		
5. Grants/grants pending	~					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	~					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	~					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> 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		
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	~					×	
						ADD	
9. Royalties	~					×	
						ADD	
<ol><li>Payment for development of educational presentations</li></ol>	~					×	
						ADD	
11. Stock/stock options	~					×	
12 T //						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	~					×	
						ADD	
13. Other (err on the side of full disclosure)	~					×	
*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							
Other relations							
Are there other relationships or activ potentially influencing, what you wro				to have influenced, or th	at give the appearance of		
No other relationships/conditions	s/circum	stances th	nat present a po	otential conflict of intere	st		
Yes, the following relationships/c							
At the time of manuscript acceptance On occasion, journals may ask author						ements.	

Hernández 4

SAVE

**Hide All Table Rows Checked 'No'** 



### **Evaluation and Feedback**

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



#### **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 four parts.

### 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.

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. 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 (Firs Jesús María	st Name)	2. Surname (Last Name) Hernández-Rivas	3. Effective Date (07-August-2008) 27-January-2014
4. Are you the corre	esponding author?	Yes V No	Corresponding Author's Name Lucía López-Corral
5. Manuscript Title Transcriptome an		ular profiles associated witl	h evolving steps of monoclonal gammopathies
6. Manuscript Iden HAEMATOL/2013	tifying Number (if you /087809	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 Publication									
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			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>v</b>					×			
						ADD			
5. Payment for writing or reviewing the manuscript	~					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	~					×			



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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	~					×		
						ADD		
2. Consultancy	~					×		
						ADD		
3. Employment	~					×		
						ADD		
4. Expert testimony	~					×		
	_					ADD		
5. Grants/grants pending	~					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	~					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	~					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



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		
<ol><li>Patents (planned, pending or issued)</li></ol>	~					×		
						ADD		
9. Royalties	~					×		
						ADD		
10. 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. Other relationsh	nins							
Are there other relationships or activi potentially influencing, what you wro	ities that			to have influenced, or th	at give the appearance of			
No other relationships/conditions	s/circum	stances th	nat present a po	otential conflict of intere	st			
Yes, the following relationships/c								
At the time of manuscript acceptance On occasion, journals may ask author						ements.		

Hernández-Rivas 4

SAVE

**Hide All Table Rows Checked 'No'** 



### **Evaluation and Feedback**

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



#### **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 four parts.

### 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.

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.

## 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 (Fi Francisco Javier	rst Name)	2. Surname (Last Name) Burguillo	3. Effective Date (07-August-2008) 27-January-2014
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Name Lucía López-Corral
5. Manuscript Title Transcriptome a		ular profiles associated wit	h evolving steps of monoclonal gammopathies
6. Manuscript Idea HAEMATOL/201	ntifying Number (if you 3/087809	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 Publication									
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			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	~					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	•					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	~					×			



The Work Under Consideration for Publication								
Туре	No	Money Paid to You		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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	~					×		
						ADD		
2. Consultancy	~					×		
						ADD		
3. Employment	~					×		
						ADD		
4. Expert testimony	~					×		
	_					ADD		
5. Grants/grants pending	~					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	~					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	~					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
					A	DD			
<ol><li>Patents (planned, pending or issued)</li></ol>	~					×			
					A	DD			
9. Royalties	~					×			
					A	DD			
10. Payment for development of educational presentations	~				>	×			
					A	DD			
11. Stock/stock options	~				>	×			
12 Travel/assayana dations/					A	DD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	~				>	×			
					A	DD			
13. Other (err on the side of full disclosure)	~					×			
* This means money that your institution ** For example, if you report a consultand		•		ravel related to that consul	_	DD			
Section 4. Other relations	nips								
Are there other relationships or activ potentially influencing, what you wro				to have influenced, or th	at give the appearance of				
	✓ No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):								
At the time of manuscript acceptanc On occasion, journals may ask autho						nts.			

Burguillo 4

SAVE

Hide All Table Rows Checked 'No'



### **Evaluation and Feedback**

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



#### **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 four parts.

### 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.

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.

## 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	nation			
1. Given Name (First Name)  2. Surname (Last Name)  Jesus F.  San Miguel			3. Effective Date (07-August-2008) 27-January-2014		
4. Are you the corresponding author?		Yes V No	Corresponding Author's Name Lucía López-Corral		
5. Manuscript Title		lar profiles associated wit	:h evolving steps of monoclo	onal gammopathies	
<u> </u>	ntifying Number (if you k	·		54	

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



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 outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	~					×	
						ADD	
2. Consultancy	~					×	
						ADD	
3. Employment	~					×	
						ADD	
4. Expert testimony	~					×	
						ADD	
5. Grants/grants pending	~					×	
						ADD	
Payment for lectures including service on speakers bureaus		~		Advisory board: Millennium, Celgene, Janssen, Novartis		×	
						ADD	

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
<ol><li>Payment for manuscript preparation</li></ol>	~					×	
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	•					×	
						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)	•					×	
* 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.							
. or example, if you report a consultant	y above t	110101	need to report t	ave. related to triat corisur	uncy on this inte.		
Section 4. Other relationsh	inc						

Cardina A	
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 statements. rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



### **Evaluation and Feedback**

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



#### **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 four parts.

### 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.

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. 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.	ldentifying Infor	mation	
1. Given Name (First Name)  2. Surname (Last Name)  Norma C  Gutiérrez Gutiérrez		· ·	3. Effective Date (07-August-2008) 27-January-2014
4. Are you the corresponding author?		Yes V No	Corresponding Author's Name Lucía López-Corral
5. Manuscript Title Transcriptome a		ular profiles associated wit	th evolving steps of monoclonal gammopathies
6. Manuscript Ider HAEMATOL/2013	ntifying Number (if you 3/087809	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 Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	~					×		
2. Consulting fee or honorarium	<b>v</b>					ADD X		
Support for travel to meetings for the study or other purposes	~					ADD X		
						ADD		
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>v</b>					×		
						ADD		
5. Payment for writing or reviewing the manuscript	~					×		
						ADD		
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	~					×		



The Work Under Consideration for Publication							
1	<sup>-</sup> уре	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 outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	~					×	
						ADD	
2. Consultancy	~					×	
						ADD	
3. Employment	~					×	
						ADD	
4. Expert testimony	~					×	
	_					ADD	
5. Grants/grants pending	~					×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	~					×	
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	~					×	

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



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		
<ol><li>Patents (planned, pending or issued)</li></ol>	~					×		
						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. Other relationsh	nins							
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	s/circum	stances th	nat present a po	otential conflict of intere	st			
No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):								
At the time of manuscript acceptance On occasion, journals may ask author						ements.		

Gutiérrez Gutiérrez 4

SAVE

**Hide All Table Rows Checked 'No'** 



### **Evaluation and Feedback**

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