

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Julio

2. Surname (Last Name)

Delgado

3. Date

30-April-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Survival analysis in hematological malignancies: recommendations for clinicians

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2013/100784

Section 2. The Work Under Consideration for Publication

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Dr. Delgado has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Arturo	2. Surname (Last Name) Pereira	3. Date 30-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title Survival analysis in hematological malignancies: recommendations for clinicians		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/100784		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Pereira has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Neus	2. Surname (Last Name) Villamor	3. Date 30-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title Survival analysis in hematological malignancies: recommendations for clinicians		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/100784		

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1. Given Name (First Name) Armando	2. Surname (Last Name) López-Guillermo	3. Date 30-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Delgado
5. Manuscript Title Survival analysis in hematological malignancies: recommendations for clinicians		
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