

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Gabriel	2. Surname (Last Name) Brisou	3. Date 28-April-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pr Traverse-Glehen
5. Manuscript Title Restricted IGHV gene repertoire in splenic marginal zone lymphoma associated with autoimmune disorders		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107680		

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Dr. Brisou has nothing to disclose.

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1. Given Name (First Name) Aurélie	2. Surname (Last Name) Verney	3. Date 24-May-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pr Traverse-Glehen
5. Manuscript Title Restricted IGHV gene repertoire in splenic marginal zone lymphoma associated with autoimmune disorders		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107680		

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### Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Wenner	3. Date 23-May-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pr Traverse-Glehen
5. Manuscript Title Restricted IGHV gene repertoire in splenic marginal zone lymphoma associated with autoimmune disorders		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107680		

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Dr. Wenner has nothing to disclose.

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1. Given Name (First Name) Pascale	2. Surname (Last Name) Felman	3. Date 24-May-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pr Traverse-Glehen
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Dr. Felman has nothing to disclose.

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Evelyne	2. Surname (Last Name) Callet-Bauchu	3. Date 24-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pr Traverse-Glehen
5. Manuscript Title Restricted IGHV gene repertoire in splenic marginal zone lymphoma associated with autoimmune disorders		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107680		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Callet-Bauchu has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Bertrand	2. Surname (Last Name) Coiffier	3. Date 24-May-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pr Traverse-Glehen
5. Manuscript Title Restricted IGHV gene repertoire in splenic marginal zone lymphoma associated with autoimmune disorders		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107680		

### 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

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Coiffier has nothing to disclose.

### Evaluation and Feedback

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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) Françoise	2. Surname (Last Name) Berger	3. Date 24-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pr Traverse-Glehen
5. Manuscript Title Restricted IGHV gene repertoire in splenic marginal zone lymphoma associated with autoimmune disorders		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107680		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Berger has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Gilles	2. Surname (Last Name) Salles	3. Date 23-May-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pr Traverse-Glehen
5. Manuscript Title Restricted IGHV gene repertoire in splenic marginal zone lymphoma associated with autoimmune disorders		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/107680		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Salles has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Alexandra

2. Surname (Last Name)

Traverse-Glehen

3. Date

24-May-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Restricted IGHV gene repertoire in splenic marginal zone lymphoma associated with autoimmune disorders

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/107680

### 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. Traverse-Glehen has nothing to disclose.

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