

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mariella	2. Surname (Last Name) D'Angiò	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL1-positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 year experience of the AIEOP group		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112151		

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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

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Dr. D'Angiò 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) Maria Grazia	2. Surname (Last Name) Valsecchi	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112151		

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Dr. Valsecchi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Anna Maria  
2. Surname (Last Name) Testi  
3. Date 16-September-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Clinical features and outcome of SIL/TAL1-positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 year experience of the AIEOP group",

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/112151

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Dr. Testi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Valentino	2. Surname (Last Name) Conter	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112151		

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Dr. Conter has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Vittorio	2. Surname (Last Name) Nunes	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL1-positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 year experience of the AIEOP group		
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Dr. Nunes has nothing to disclose.

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

#### 5. Relationships not covered above.

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.

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**Other:** Anything not covered under the previous three boxes

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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) Rosanna	2. Surname (Last Name) Parasole	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112151		

### 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

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?

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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. Parasole 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) Antonella	2. Surname (Last Name) Colombini	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112151		

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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 5. Relationships not covered above

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Dr. Colombini 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) Nicola	2. Surname (Last Name) Santoro	3. Date 16-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112151		

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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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### 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. Santoro has nothing to disclose.

### Evaluation and Feedback

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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) Stefania	2. Surname (Last Name) Varotto	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112151		

### 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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### 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. Varotto 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) Maurizio	2. Surname (Last Name) Caniglia	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
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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. Caniglia has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Daniela	2. Surname (Last Name) Silvestri	3. Date 16-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
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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 5. Relationships not covered above

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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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. Silvestri 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) Caterina	2. Surname (Last Name) Consarino	3. Date 16-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112151		

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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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Dr. Consarino has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Levati	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112151		

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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

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

Dr. Levati 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) Elisa	2. Surname (Last Name) Magrin	3. Date 16-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
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### 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. Magrin 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) Franco	2. Surname (Last Name) Locatelli	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
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Are there any relevant conflicts of interest?  Yes  No

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Locatelli has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Giuseppe	2. Surname (Last Name) Basso	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
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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. Basso has nothing to disclose.

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

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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.

#### Definitions.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Robin	2. Surname (Last Name) Foà	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112151		

### 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 6. Disclosure Statement

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

Dr. Foà has nothing to disclose.

### Evaluation and Feedback

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### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Biondi	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Biondi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Giovanni	2. Surname (Last Name) Cazzaniga	3. Date 16-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Maria Testi
5. Manuscript Title Clinical features and outcome of SIL/TAL-1 positive T-cell acute lymphoblastic leukemia in children and adolescents. A 10 years experience of the AIEOP group		
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Dr. Cazzaniga has nothing to disclose.

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