

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)

Grazia

2. Surname (Last Name)

Fazio

3. Date

18-August-2014

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Andrea Biondi

5. Manuscript Title

Three Novel Fusion Transcripts of the Paired Box 5 Gene in B-cell Precursor Acute Lymphoblastic Leukemia

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/112193

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Dr. Fazio has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Giulia

2. Surname (Last Name)

Daniele

3. Date

18-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Andrea Biondi

5. Manuscript Title

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Dr. Daniele has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Valeria	2. Surname (Last Name) Cazzaniga	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrea Biondi
5. Manuscript Title Three Novel Fusion Transcripts of the Paired Box 5 Gene in B-cell Precursor Acute Lymphoblastic Leukemia		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112193		

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Section 1. Identifying Information

1. Given Name (First Name) Luciana	2. Surname (Last Name) Impera	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrea Biondi
5. Manuscript Title Three Novel Fusion Transcripts of the Paired Box 5 Gene in B-cell Precursor Acute Lymphoblastic Leukemia		
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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) Ilaria	2. Surname (Last Name) Iacobucci	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrea Biondi
5. Manuscript Title Three Novel Fusion Transcripts of the Paired Box 5 Gene in B-cell Precursor Acute Lymphoblastic Leukemia		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112193		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Iacobucci 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) Marta	2. Surname (Last Name) Galbiati	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrea Biondi
5. Manuscript Title Three Novel Fusion Transcripts of the Paired Box 5 Gene in B-cell Precursor Acute Lymphoblastic Leukemia		
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Are there any relevant conflicts of interest? Yes No

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Dr. Galbiati 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	2. Surname (Last Name) Leszl	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrea Biondi
5. Manuscript Title Three Novel Fusion Transcripts of the Paired Box 5 Gene in B-cell Precursor Acute Lymphoblastic Leukemia		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ingrid	2. Surname (Last Name) Cifola	3. Date 18-August-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Andrea Biondi
5. Manuscript Title Three Novel Fusion Transcripts of the Paired Box 5 Gene in B-cell Precursor Acute Lymphoblastic Leukemia		
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Cifola 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) Gianluca	2. Surname (Last Name) De Bellis	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrea Biondi
5. Manuscript Title Three Novel Fusion Transcripts of the Paired Box 5 Gene in B-cell Precursor Acute Lymphoblastic Leukemia		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Paola	2. Surname (Last Name) Bresciani	3. Date 18-August-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Andrea Biondi
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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) Martinelli	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrea Biondi
5. Manuscript Title Three Novel Fusion Transcripts of the Paired Box 5 Gene in B-cell Precursor Acute Lymphoblastic Leukemia		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112193		

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

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Dr. Martinelli 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 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrea Biondi
5. Manuscript Title Three Novel Fusion Transcripts of the Paired Box 5 Gene in B-cell Precursor Acute Lymphoblastic Leukemia		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112193		

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

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Dr. Basso 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)

Andrea

2. Surname (Last Name)

Biondi

3. Date

18-August-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Three Novel Fusion Transcripts of the Paired Box 5 Gene in B-cell Precursor Acute Lymphoblastic Leukemia

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/112193

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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) Clelia Tiziana	2. Surname (Last Name) Storlazzi	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrea Biondi
5. Manuscript Title Three Novel Fusion Transcripts of the Paired Box 5 Gene in B-cell Precursor Acute Lymphoblastic Leukemia		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112193		

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Dr. Storlazzi 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 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrea Biondi
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Dr. Cazzaniga has nothing to disclose.

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