

Section 1. Identifying Inform	aation	
1. Given Name (First Name) Leslie	2. Surname (Last Name) Andritsos	3. Date 25-August-2014
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Reduced Dose Pentostatin for Initial Ma Hemorrhage is Safe and Effective 6. Manuscript Identifying Number (if you kn HAEMATOL/2014/113290	nagement of Hairy Cell Leukemia Patients Wl	ho Have Active Infection or Risk of
Section 2. The Work Under Co	onsideration for Publication	
	ve payment or services from a third party (governation but not limited to grants, data monitoring board, est? Yes V No	
Section 3. Relevant financial	activities outside the submitted work.	
of compensation) with entities as descri	n the table to indicate whether you have final bed in the instructions. Use one line for each cort relationships that were present during t est?	entity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyrights	
Do you have any patents, whether planr	ned, pending or issued, broadly relevant to th	e work? Yes 🗸 No

Andritsos 2



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Dr. Andritsos has	s nothing to disclose.

Evaluation and Feedback



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Neil	irst Name)	2. Surname (Last Name) Dunavin		Date 5-August-2014
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Leslie Andritsos	
		nagement of Hairy Cell	Leukemia Patients Who Have Act	tive Infection or Risk of
6. Manuscript Idea HAEMATOL/201	ntifying Number (if you kr 4/113290	now it)	T.	s
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Section 2.	The Work Under Co	onsideration for Pub	lication	
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Section 3.	Relevant financial	activities outside the	submitted work.	
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Section 4.	Intellectual Proper	ty Patents & Copyr	ights	
Do you have any	patents, whether planr	ned, pending or issued, b	proadly relevant to the work?	Yes ✓ No



Section 5.	Deletionships not reversed above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Dr. Dunavin has ı	nothing to disclose.

Evaluation and Feedback



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Gerard	2. Surname (Last Name) Lozanski	3. Date 26-August-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Leslie A. Andritsos, M.D.
5. Manuscript Title		
6. Manuscript Identifying Number (if you kn TOL/2014/113290		eukemia Patients Who Have Active Infection or Risk of
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3. Relevant financial a	activities outside the s	submitted work.
of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Us ort relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4. Intellectual Propert	ty Patents & Copyrig	phts
Do you have any patents, whether plann	ned, pending or issued, bro	oadly relevant to the work? Yes V No

Lozanski



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Dr. Lozanski has	nothing to disclose.

Evaluation and Feedback



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Jones	3. Date 26-August-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Leslie Andritsos, MD
5. Manuscript Title Reduced Dose Pentostatin for Initial Ma Hemorrhage is Safe and Effective 6. Manuscript Identifying Number (if you kn HAEMATOL/2014/113290		eukemia Patients Who Have Active Infection or Risk of
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4. Intellectual Proper	ty Patents & Copyrig	hts
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the work? Yes V No

Jones 2



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Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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	tionships/conditions/circumstances that present a potential conflict of interest
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Dr. Jones has no	thing to disclose.

Evaluation and Feedback



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi James	rst Name)	2. Surname (Last Na Blachly	me) 3. Date 25-August-2014
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Leslie Andritsos
		anagement of Hairy (Cell Leukemia Patients Who Have Active Infection or Risk of
6. Manuscript Ide HAEMATOL/201	ntifying Number (if you kr 4/113290	now it)	
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Section 2.	The Work Under C	onsideration for F	ublication
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Section 3.	Relevant financial	activities outside	the submitted work.
of compensation clicking the "Add Are there any rel) with entities as descri	ibed in the instruction port relationships the est? Yes	te whether you have financial relationships (regardless of amount ns. Use one line for each entity; add as many lines as you need by at were present during the 36 months prior to publication . No
Name of Entity		Grant? Personal Fees?	Non-Financial Other? Comments
Tolero Pharmaceutica	als	✓	Research support
Section 4.	Intellectual Proper	ty Patents & Co	pyrights
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly relevant to the work? Yes Vo

Blachly



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Dr. Blachly repor	ts grants from Tolero Pharmaceuticals, outside the submitted work; .

Evaluation and Feedback



Section 1. Identifying Inform	nation	
1. Given Name (First Name) David	2. Surname (Last Name) Lucas	3. Date 26-August-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Leslie Andritsos
Hemorrhage is Safe and Effective	N M	ukemia Patients Who Have Active Infection or Risk of
Manuscript Identifying Number (if you kn	ow it)	_
Section 2. The Work Under Co	onsideration for Public	ation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
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Do you have any patents, whether planr	ned, pending or issued, bro	oadly relevant to the work? Yes Vo



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Dr. Lucas has no	othing to disclose.

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Section 1. Identifying Inform	nation			
1. Given Name (First Name) John	2. Surname (Last Name) Byrd	3. Date 18-September-2014		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Leslie A. Andritsos, M.D.		
5. Manuscript Title Reduced Dose Pentostatin for Initial Management of Hairy Cell Leukemia Patients Who Have Active Infection or Risk of Hemorrhage is Safe and Effective				
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/113290				
Section 2. The Work Under Co				
The Work Onder Co	onsideration for Public			
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Section 3. Relevant financial	activities outside the s	ubmitted work		
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Section 4. Intellectual Proper	ty Patents & Copyrig	hts		
Do you have any patents, whether planr	ned, pending or issued, bro	oadly relevant to the work? Yes No		



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	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
below.				
Dr. Byrd has noth	ning to disclose.			

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Section 1. Identifying Inform	ation		
Given Name (First Name) Eric	2. Surname (Last Name) Kraut	3. Dat 27-Au	te ugust-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Leslie A. Andritsos, M.D.	
 Manuscript Title Reduced Dose Pentostatin for Initial Man Hemorrhage is Safe and Effective 	nagement of Hairy Cell Le	ukemia Patients Who Have Active	Infection or Risk of
6. Manuscript Identifying Number (if you kno : HAEMATOL/2014/113290	ow it)		
Section 2. The West Under Co	nsideration for Public		
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interests	ve payment or services from a but not limited to grants, dat	a third party (government, commerci	al, private foundation, etc.) for anuscript preparation,
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Section 1. Identifying Inform	nation				
1. Given Name (First Name) Michael	2. Surname (Last Name) Grever	3. Date 26-August-2014			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Leslie A. Andritsos, M.D.			
5. Manuscript Title The manuscript ID number is: HAEMATOL/2014/113290 The title is: Reduced Dose Pentostatin for Initial Management of Hairy Cell Leukemia Patients Who Have Active Infection or 6. Manuscript Identifying Number (if you know it)					
Section 2. The Work Under Co	onsideration for Public	cation			
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.)?					
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