



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 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 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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication.**

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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Andritsos has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Neil

2. Surname (Last Name)
Dunavin

3. Date
26-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Leslie Andritsos

5. Manuscript Title

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Dr. Dunavin 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)
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

Reduced Dose Pentostatin for Initial Management of Hairy Cell Leukemia Patients Who Have Active Infection or Risk of

6. Manuscript Identifying Number (if you know it)
TOL/2014/113290

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Dr. Lozanski 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)
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

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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Dr. Jones 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) James 2. Surname (Last Name) Blachly 3. Date 25-August-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name
Leslie Andritsos

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

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Tolero Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support

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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Section 6. Disclosure Statement

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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

5. Manuscript Title

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Are there any relevant conflicts of interest? Yes No

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Dr. Lucas 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)
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

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Dr. Byrd 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)
Eric

2. Surname (Last Name)
Kraut

3. Date
27-August-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

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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

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