

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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3. Relevant financial activities outside the submitted work.

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Intellectual Property.

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

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

Kridel 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Robert	2. Surname (Last Name) Kridel	3. Date 16-January-2015
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Dr Randy D. Gascoyne
5. Manuscript Title Tumor-associated macrophages in diffe	use large B-cell lymphoma	
6. Manuscript Identifying Number (if you ki HAEMATOL/2015/124008	now it)	_
Section 2. The Week Under C		
The work onder C	onsideration for Public	
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		
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Are there any relevant conflicts of interest	est? Yes V No	
Section 4. Intellectual Proper		L.
Intellectual Prope	rty Patents & Copyric	gnts
Do you have any patents, whether plan	ined, pending or issued, br	oadly relevant to the work? Yes V No

Kridel 2



Section 5.		
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.		
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. Kridel has no	thing to disclose.	

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Steidl



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Given Name (First Name) Christian	2. Surname (Last Name) Steidl	3. Date 16-January-2015	
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Dr Randy D. Gascoyne	
5. Manuscript Title Tumor-associated macrophages in diffuse large B-cell lymphoma			
6. Manuscript Identifying Number (if you kn HAEMATOL/2015/124008	now it)	_	
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Steidl 2



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Gascoyne 1



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1. Given Name (First Name) Randy D.	2. Surname (Last Name) Gascoyne	3. Date 16-January-2015
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Tumor-associated macrophages in diffu	use large B-cell lymphoma	
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