

#### **Instructions**

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Mayeur



Section 1. Identifying Inform	nation	
identifying inform	ination	
1. Given Name (First Name) Claire	2. Surname (Last Name) Mayeur	3. Date 26-June-2014
4. Are you the corresponding author?	Yes No	
5. Manuscript Title Oral administration of a BMP type I rec	ceptor inhibitor prevents the development of anemia	of inflammation
6. Manuscript Identifying Number (if you HAEMATOL/2014/111484	know it)	
Section 2. The Work Under 0	Consideration for Publication	
any aspect of the submitted work (includir statistical analysis, etc.)? Are there any relevant conflicts of inte	eive payment or services from a third party (government, cong but not limited to grants, data monitoring board, study donest?	
Section 3. Relevant financia	l activities outside the submitted work.	
of compensation) with entities as desc	in the table to indicate whether you have financial reribed in the instructions. Use one line for each entity; eport relationships that were <b>present during the 36</b> rest?	add as many lines as you need by
Section 4. Intellectual Prope	erty Patents & Copyrights	
Do you have any patents, whether pla	nned, pending or issued, broadly relevant to the work	? Yes 🗸 No

Mayeur



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disalanus Statument
	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Mayeur has r	nothing to disclose.

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Mayeur 3



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Kolodziej 1



Section 1. Identifying Inf	formation	
Given Name (First Name) Starsha	2. Surname (Last Name) Kolodziej	3. Date 26-June-2014
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Claire Mayeur
5. Manuscript Title Oral administration of a BMP type I	receptor inhibitor prevents the	e development of anemia of inflammation
6. Manuscript Identifying Number (if y HAEMATOL/2014/111484	ou know it)	
Section 2. The West land		
The Work Und	er Consideration for Public	
any aspect of the submitted work (inclu		a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
statistical analysis, etc.)? Are there any relevant conflicts of i	nterest? Yes V No	
Section 3. Polovent finance		
Relevant finan	cial activities outside the s	ubmitted work.
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Do you have any patents, whether	planned, pending or issued, br	roadly relevant to the work? Yes V No

Kolodziej 2



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Dection of	Disclosure Statement
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Wang 1



Section 1. Identifying Inform	nation	
identifying inform	ilation	
1. Given Name (First Name) Amy	2. Surname (Last Name) Wang	3. Date 27-June-2014
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Claire Mayeur
5. Manuscript Title Oral administration of a BMP type I reco	eptor inhibitor prevents the	e development of anemia of inflammation
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Continue A		
Section 4. Intellectual Prope	rty Patents & Copyrig	hts
Do you have any patents, whether plan	nned, pending or issued, bro	oadly relevant to the work? Yes Vo

Wang 2



Castian F	
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Xu 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Xin	rst Name)	2. Surname (Last Name) Xu		3. Date 27-June-2014
4. Are you the cor	responding author?	Yes V No	Corresponding Autho	or's Name
5. Manuscript Title Oral administrati		eptor inhibitor prevents th	ne development of and	emia of inflammation
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Section 2				
Section 2.	The Work Under C	onsideration for Publi	cation	
any aspect of the s statistical analysis, Are there any rele If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	g but not limited to grants, dest?  Yes  No prmation below. If you ha	ata monitoring board, st	ent, commercial, private foundation, etc.) for udy design, manuscript preparation, ty press the "ADD" button to add a row.
Name of Institut		Grant? Personal No	n-Financial Other?	Comments
NCATS/NIH				Supported by NCATS TRND program
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add	) with entities as descr	ibed in the instructions. Uport relations hips that we	se one line for each er	cial relationships (regardless of amount ntity; add as many lines as you need by a <b>36 months prior to publication</b> .
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
If yes, please fill o			•	work?  Yes No  ty press the "ADD" button to add a row.

Xu 2



Patent?	Pending?	Issued?	Licensed	Royalties?	Licensee?	Comments	
BMP Inhibitors and methods of use thereof.	~						
Section 5. Relationshi	ps not cov	ered abo	ove				
Are there other relationships or potentially influencing, what yo				eive to have	influenced, or tha	at give the appearance of	
Yes, the following relationsh				e present (ex	nlain helow):		
No other relationships/cond	•			•	•	st	
At the time of manuscript accep On occasion, journals may ask a							nents.
On occusion, journals may usk a	attiois to als	iciose rari	arer miorine	ation about i	eported relations	mps.	
Section 6. Disclosure S	tatement						
Based on the above disclosures, below.	this form wi	ill automa	atically gene	erate a disclo	sure statement, v	vhich will appear in the box	
This research is supported by N	CATS TRAN I	orogram.					

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Lee 1



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

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Yu 1



Section 1. Identifying I	nformation	
1. Given Name (First Name) Paul	2. Surname (Last Name) Yu	3. Date 15-July-2014
4. Are you the corresponding author	r? Yes 🗸 No	Corresponding Author's Name Claire Mayeur
5. Manuscript Title Oral administration of a BMP typ	e I receptor inhibitor prevents tl	he development of anemia of inflammation
6. Manuscript Identifying Number (i HAEMATOL/2014/111484	f you know it)	
Section 2. The Work Un	der Consideration for Publ	ication
Did you or your institution <b>at any tir</b>	<b>ne</b> receive payment or services fron cluding but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation,
Section 3. Relevant fina	ncial activities outside the	submitted work.
of compensation) with entities a	s described in the instructions. Upuld report relationships that we	hether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.
Section 4. Intellectual F	Property Patents & Copyri	ights
	ate information below. If you ha	proadly relevant to the work?  Yes  No eve more than one entity press the "ADD" button to add a row.
Patent?	Pending? Issued? Licensed?	Royalties? Licensee? Comments
8,507,501		N/A Owned by the General Hospital Corporation

Yu



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Yu is a coinvoof anemia.	entor of U.S. patent# 8,507,501, which includes the use of small molecule BMP inhibitors for the treatment

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Yu 3



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## Intellectual Property.

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## Relationships not covered above.

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

Shen 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Xiqiang	2. Surname (Last Name) Shen	3. Date 26-June-2014		
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Claire Mayeur		
5. Manuscript Title Oral administration of a BMP type I rece	eptor inhibitor prevents th	e development of anemia of inflammation		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/111484				
Section 2. The Work Under C	onsideration for Public	cation		
Did you or your institution <b>at any time</b> 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 s	uhmittad 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4. Intellectual Proper				
Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes Vo		

Shen



Section 5.		
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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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.	
Section 6.	Disclosure Statement	
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Shen has not	hing to disclose.	

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Shen 3



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Kenneth	rst Name)	2. Surname (Last Name Bloch	3. Date 15-July-2014
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Name Claire Mayeur
5. Manuscript Title Oral administrati		ceptor inhibitor prevents	the development of anemia of inflammation
6. Manuscript Ider HAEMATOL/2014	ntifying Number (if you 4/111484	know it)	
Section 2.	The Work Under	Consideration for Pul	olication
any aspect of the s statistical analysis,	ubmitted work (includir etc.)? evant conflicts of inte	ng but not limited to grants	
Section 3.	Relevant financia	l activities outside th	e submitted work.
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Section 4.	Intellectual Prope	erty Patents & Copy	rights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.			
Paten	Penc	ding? Issued? Licensed	Royalties? Licensee? Comments
3,507,501			N/A Owned by the General Hospital Corporation



Section 5.				
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Based on the about the below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Bloch is a co treatment of an	inventor of U.S. patent# 8,507,501, which includes the use of small molecule BMP inhibitors for the emia.			

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



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Donald	2. Surname (Last Name) Bloch	3. Date 08-August-2014		
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Claire Mayeur		
5. Manuscript Title Oral administration of a BMP type I receptor inhibitor prevents the development of anemia of inflammation				
6. Manuscript Identifying Number (if you k HAEMATOL/2014/111484	now it)			
Section 2. The Work Under C	Consideration for Public	cation		
Did you or your institution <b>at any time</b> 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 s	ubmitted work.		
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Section 4. Intellectual Drane				
Intellectual Prope	rty Patents & Copyric	hts		
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes Vo		



Section 5.			
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