

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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)

Jaap Jan

2. Surname (Last Name)

Zwaginga

3. Date

07-October-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/110213

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

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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
Viforpharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lectures
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	advisory committee

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. Zwaginga reports personal fees from Viforpharma, personal fees from Novartis, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Bronno	2. Surname (Last Name) van der Holt	3. Date 22-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J.J. Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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Are there any relevant conflicts of interest? Yes No

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Dr. van der Holt 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) Peter	2. Surname (Last Name) Te Boekhorst	3. Date 25-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients.		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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Dr. Te Boekhorst has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Bart

2. Surname (Last Name)

Biamond

3. Date

25/9/2024

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

multicenter randomized open label phase II trial on 3

6. Manuscript Identifying Number (if you know it)

rituximab dosing schemes in ITP patients.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) mark-david	2. Surname (Last Name) levin	3. Date 23-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jaap J Zwaginga
5. Manuscript Title Multi-centerrandomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients.		
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Dr. levin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) RENÉ 2. Surname (Last Name) VAN DER GRIEND 3. Date 29-09-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title

MULTI-CENTER RANDOMIZED OPEN LABEL PHASE II TRIAL ON
3 RITUXIMAB DOSING SCHEMES IN IMMUNE THROMBOCYTO-
PENIA PATIENTS

6. Manuscript Identifying Number (if you know it)

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4. 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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anneke	2. Surname (Last Name) Brand	3. Date 03-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients study r		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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.

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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

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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. Brand 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) Sonja 2. Surname (Last Name) Zweegman 3. Date 25-September-2014
4. Are you the corresponding author? Yes No Corresponding Author's Name
J.J. Zwaginga
5. Manuscript Title
Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients.
6. Manuscript Identifying Number (if you know it)

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Prof. Zweegman 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) Johannes	2. Surname (Last Name) Pruijt	3. Date 25-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J..J. Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients.		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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Dr. Pruijt has nothing to disclose.

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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) Vera M.J.	2. Surname (Last Name) Novotny	3. Date 22-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JJ Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients.		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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Dr. Novotny 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) vreugdenhil	3. Date 25-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients		
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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
temporary member advisory board Amgen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	none

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

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Dr. vreugdenhil reports grants from temporary member advisory board Amgen, 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)

m.r.

2. Surname (Last Name)

de groot

3. Date

07-October-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Prof Dr JJ Zwaginga

5. Manuscript Title

Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/110213

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Are there any relevant conflicts of interest? Yes No

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Dr. de Groot has nothing to disclose.

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4. Intellectual Property.

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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) Okke	2. Surname (Last Name) de Weerd	3. Date 18-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J.J. Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients.		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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

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Dr. de Weerdts 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) Elisabeth	2. Surname (Last Name) van Pampus	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jaap J. Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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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

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Dr. van Pampus 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) tanja	2. Surname (Last Name) vanmaanen-Lamme	3. Date 25-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JJZwaginga
5. Manuscript Title Multi-centerrandomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients.		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. vanmaanen-Lamme 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) shulamiet	2. Surname (Last Name) wittebol	3. Date 25-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jan J Zwaginga
5. Manuscript Title Multicentre randomised open label phase II trial on rituximab dosing schemes in immune thrombocytopenic patients		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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Are there any relevant conflicts of interest? Yes No

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

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Dr. wittebol has nothing to disclose.

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INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Martin 2. Surname (Last Name) Schilppens 3. Date 7-10-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title Multi-center randomized open label phase II trial

6. Manuscript Identifying Number (if you know it) on 3 rituximab dosing schemes immune thrombocytopenia patients

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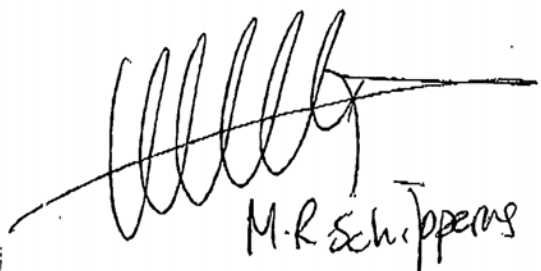
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthijs	2. Surname (Last Name) Silbermann	3. Date 19-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jaap J. Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients.		
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Dr. Silbermann has nothing to disclose.

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4. 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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peter.C	2. Surname (Last Name) Huijgens	3. Date 28-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J.J.Zwaginga
5. Manuscript Title Multi-center randomized open label trial on 3 rituximab doses etc		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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.

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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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Section 6. Disclosure Statement

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Dr. Huijgens 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) Marleen	2. Surname (Last Name) Luten	3. Date 07-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Prof Dr JJ Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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

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Dr. Luten has nothing to disclose.

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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) René	2. Surname (Last Name) Hollestein	3. Date 19-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J.J. Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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

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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. Hollestein has nothing to disclose.

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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) Jan	2. Surname (Last Name) Brakenhoff	3. Date 21-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J.J. Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients. (registered as NTR211/ ISRCTN16619820; www.trialregister.nl)		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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.

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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

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Section 6. Disclosure Statement

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Dr. Brakenhoff has nothing to disclose.

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023 8907141

+3171 5265267
J Schrama



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name) Jolanda 2. Surname (Last Name) Schrama 3. Date 2/10/2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
multi center randomized open label fase II trial on 3 rituximab dosing schemes in immune

6. Manuscript Identifying Number (if you know it) NTK 211. krumbooytopenic patients

Section 2: The Work Under Consideration for Publication

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Section 1: Identifying Information

1. Given Name (First Name) Tran sja 2. Surname (Last Name) Volster 3. Date 22.09.2014

4. Are you the corresponding author? Yes No

5. Manuscript Title Letter to the editor multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients

6. Manuscript Identifying Number (if you know it)

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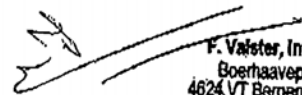
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F. Vaister, Internist
Boerhaaveplein 1
4624 VT Bergen op Zoom
f.vaister@levansberg.nl

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gerjo	2. Surname (Last Name) Velders	3. Date 06-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jaap J. Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients		
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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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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. Velders has nothing to disclose.

Evaluation and Feedback

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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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

5. Relationships not covered above.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Harry	2. Surname (Last Name) Koene	3. Date 24-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jaap J. Zwaginga
5. Manuscript Title Multi-center randomized open label phase II trial on 3 rituximab dosing schemes in immune thrombocytopenia patients.		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/110213		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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