

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Dominique

2. Surname (Last Name)

BRON

3. Date

10-March-2015

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Aging and Blood Disorders: New Perspectives, new Challenges ...

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2015/126771

### Section 2. The Work Under Consideration for Publication

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Dr. BRON 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) Lionel	2. Surname (Last Name) ADES	3. Date 10-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dominique Bron
5. Manuscript Title Aging and Blood Disorders: New Perspectives, new Challenges ...		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2015/126771		

### 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

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

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Dr. ADES has nothing to disclose.

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1. Given Name (First Name) Tamas	2. Surname (Last Name) FULOP	3. Date 10-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dominique Bron
5. Manuscript Title Aging and Blood Disorders: New Perspectives, new Challenges ...		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2015/126771		

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Dr. FULOP has nothing to disclose.

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dominique Bron
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Dr. GOEDE has nothing to disclose.

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Reinhart

2. Surname (Last Name)  
Stauder

3. Date  
10-March-2015

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Yes  No

Corresponding Author's Name  
Dominique Bron

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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No disclosures

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Univ.-Prof. Dr. med. Reinhard STAUDER MSc  
Univ.-Klinik für Innere Medizin V (Hämatologie und Onkologie)  
Medizinische Universität Innsbruck  
Anichstraße 35, 6020 Innsbruck, Österreich  
Reinhard STAUDER MD, MSc, Associate Professor  
Department of Internal Medicine V (Haematology and Oncology)  
Innsbruck Medical University  
Anichstraße 35, 6020 Innsbruck, Austria  
phone +43 512 504 23255  
reinhard.stauder@i-med.ac.at

Stauder

Maidy 10<sup>th</sup>, 2015