

#### 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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Nakagawa



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Rinako	2. Surname (Last Name) Nakagawa	3. Date 16-December-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Alison M. Michie
5. Manuscript Title Generation of a poor prognostic chronic upregulation of ΡΚCβII expression in B l		e disease model: PKCα subversion induces an
6. Manuscript Identifying Number (if you kn HAEMATOL/2014/112276	ow it)	
Section 2. The Work Under Co	onsideration for Public	ation
	but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for a monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
Place a check in the appropriate boxes i of compensation) with entities as descri	n the table to indicate whe bed in the instructions. Us port relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4		
Section 4. Intellectual Proper	ty Patents & Copyrig	hts
Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? Yes 🖌 No



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Dr. Nakagawa has nothing to disclose.

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Vukovic



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Milica	2. Surname (Last Name) Vukovic	3. Date 15-December-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Alison M. Michie
5. Manuscript Title Generation of a poor prognostic chron upregulation of ΡΚCβII expression in B		ke disease model: PKCα subversion induces an
6. Manuscript Identifying Number (if you k HAEMATOL/2014/112276	now it)	_
Section 2. The Work Under C	Consideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da rest?	a a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
If yes, please fill out the appropriate inf Excess rows can be removed by pressir		ve more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial Other? Comments
Lady Tata Memorial Trust Award		
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ribed in the instructions. Us port relationships that wer	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	in the table to indicate wh ribed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of se one line for each entity; add as many lines as you

# Section 4. Intellectual Property -- Patents & Copyrights

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



# Section 5. Relationships not covered above

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#### Disclosure Statement

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Dr. Vukovic reports grants from Lady Tata Memorial Trust Award, during the conduct of the study; .

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Tarafdar



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Anuradha	2. Surname (Last Name) Tarafdar	3. Date 15-December-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Alison M. Michie
5. Manuscript Title Generation of a poor prognostic chron upregulation of ΡΚCβII expression in B		ke disease model: PKCα subversion induces an
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Do you have any patents, whether plan	ined, pending or issued, br	oadly relevant to the work? Yes 🖌 No



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Dr. Tarafdar has nothing to disclose.

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Cosimo



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Emilio	2. Surname (Last Name) Cosimo	3. Date 15-December-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Alison M. Michie
5. Manuscript Title Generation of a poor prognostic chroni upregulation of ΡΚCβII expression in B I		xe disease model: PKCα subversion induces an
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Ms. Dunn has nothing to disclose.

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MRC Clinical Research Training Fellowship		
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descri	bed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Drener	ity Patants & Convri	

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



# 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):

✓ No other relationships/conditions/circumstances that present a potential conflict 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. McCaig reports grants from MRC Clinical Research Training Fellowship, during the conduct of the study; .

### **Evaluation and Feedback**



#### Instructions

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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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Holroyd



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Ailsa	2. Surname (Last Name) Holroyd	3. Date 15-December-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Alison M. Michie
5. Manuscript Title Generation of a poor prognostic chroni upregulation of ΡΚCβII expression in B l	, , ,	e disease model: PKCα subversion induces an
6. Manuscript Identifying Number (if you kr HAEMATOL/2014/112276	now it)	
Section 2. The Work Under Co	onsideration for Public	ation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
The there any relevant connicts of inter		
Section 4. Intellectual Duama		
Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? 🗌 Yes 🖌 No



# 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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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. Holroyd has nothing to disclose.

#### **Evaluation and Feedback**



#### 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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McClanahan



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Fabienne	2. Surname (Last Name) McClanahan	3. Date 15-December-2014
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Alison M. Michie
5. Manuscript Title Generation of a poor prognostic chroni upregulation of ΡΚCβII expression in B		ke disease model: PKCα subversion induces an
6. Manuscript Identifying Number (if you kr HAEMATOL/2014/112276	now it)	
		-
Section 2. The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate whe ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Proper	rty Patents & Copyrig	Ihts
Do you have any patents, whether plan		



# Section 5. Relationships not covered above

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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. McClanahan has nothing to disclose.

### **Evaluation and Feedback**



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Ramsay



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Alan	2. Surname (Last Name) Ramsay	3. Date 15-December-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Alison M. Michie
5. Manuscript Title Generation of a poor prognostic chronic upregulation of ΡΚCβII expression in B Ι		e disease model: PKCα subversion induces an
6. Manuscript Identifying Number (if you kn HAEMATOL/2014/112276	low it)	
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· · ·	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
Place a check in the appropriate boxes i of compensation) with entities as descri	n the table to indicate whe bed in the instructions. Us port relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Proper	ty Patents & Copyrig	htc
Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? Yes 🖌 No



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Dr. Ramsay has nothing to disclose.

#### **Evaluation and Feedback**



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Gribben



Section 1. Identifying Inform	nation	
1. Given Name (First Name) John	2. Surname (Last Name) Gribben	3. Date 16-December-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Alison M. Michie
5. Manuscript Title Generation of a poor prognostic chroni upregulation of PKCβII expression in B l 6. Manuscript Identifying Number (if you kr HAEMATOL/2014/112276	ymphocytes	e disease model: PKCα subversion induces an
Section 2. The Work Under Co	onsideration for Public	ation
	but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Dr. Gribben has nothing to disclose.

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Section 1.	Identifying Info	mation	
1. Given Name (F Alison	irst Name)	2. Surname (Last Name) Michie	3. Date 15-December-2014
4. Are you the co	rresponding author?	Yes No	
5. Manuscript Titl		nie lumphoeutie laukomie like diegee m	

Generation of a poor prognostic chronic lymphocytic leukemia-like disease model: PKCa subversion induces an upregulation of PKCBII expression in B lymphocytes

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/112276

# 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

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
MRC New Investigator grant	~				REF: G0601099	
MRC/Astra Zeneca project grant	~				REF: MR/K014854/1	
LLR project grant	~				REF: 13012	
Kay Kendall Leukaemia Fund	~				REF: KKL501	

#### 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?

V No Yes



# Section 4. Intellectual Property -- Patents & Copyrights

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

# Section 5. Relationships not covered above

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Dr. Michie reports grants from MRC New Investigator grant, grants from MRC/Astra Zeneca project grant, grants from LLR project grant, grants from Kay Kendall Leukaemia Fund, during the conduct of the study; .

#### **Evaluation and Feedback**