

## 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.

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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#### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Davide	2. Surname (Last Name) Rossi	3. Date 14-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Palumbo
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108183		

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

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Dr. Davide Rossi has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alessio	2. Surname (Last Name) Bruscaggin	3. Date 14-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Palumbo
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
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Dr. Alessio Bruscaffin 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) Piera	2. Surname (Last Name) La Cava	3. Date 07-August-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Giuseppe Palumbo
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
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Dr. La Cava 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) Sara	2. Surname (Last Name) Galimberti	3. Date 14-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Giuseppe Palumbo
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108183		

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Dr. Sara Galimberti has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Elena

2. Surname (Last Name)  
Ciabatti

3. Date  
14-August-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Giuseppe Palumbo

5. Manuscript Title

THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY

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Dr. Ciabatti 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.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Stefano

2. Surname (Last Name)  
Luminari

3. Date  
12-August-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Giuseppe Palumbo

5. Manuscript Title

THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/108183

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Luminari has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Luigi	2. Surname (Last Name) Rigacci	3. Date 14-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Palumbo
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108183		

### 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

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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. Rigacci 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) Alessandra	2. Surname (Last Name) Tucci	3. Date 06-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Palumbo
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108183		

### 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. Tucci has nothing to disclose.

### Evaluation and Feedback

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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) ALESSANDRO	2. Surname (Last Name) PULSONI	3. Date 08-August-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name GIUSEPPE PALUMBO
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108183		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. PULSONI has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Giovanni

2. Surname (Last Name)  
Bertoldero

3. Date  
14-August-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Giuseppe Palumbo

5. Manuscript Title

THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/108183

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

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Dr. Giovanni Bertoldero has nothing to disclose.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Daniele	2. Surname (Last Name) Vallisa	3. Date 05-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Palumbo
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108183		

### 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 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. Vallisa has nothing to disclose.

### Evaluation and Feedback

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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) Chiara	2. Surname (Last Name) Rusconi	3. Date 05-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Palumbo
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108183		

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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. Rusconi 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) Michele	2. Surname (Last Name) Spina	3. Date 05-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Palumbo
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108183		

### 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 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. Spina has nothing to disclose.

### Evaluation and Feedback

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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) Luca	2. Surname (Last Name) Arcaini	3. Date 12-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Palumbo
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108183		

### 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

---

### 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. Luca Arcaini has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Francesco	2. Surname (Last Name) Angrilli	3. Date 08-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Palumbo
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108183		

### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Francesco Angrilli 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)  
CATERINA

2. Surname (Last Name)  
STELITANO

3. Date  
08-August-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Giuseppe Palumbo

5. Manuscript Title

THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/108183

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. STELITANO has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
FRANCESCO

2. Surname (Last Name)  
MERLI

3. Date  
06-August-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Giuseppe Palumbo

5. Manuscript Title

THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/108183

### 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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. MERLI has nothing to disclose.

### Evaluation and Feedback

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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) MASSIMO	2. Surname (Last Name) FEDERICO	3. Date 09-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name GIUSEPPE PALUMBO
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108183		

### 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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Dr. FEDERICO has nothing to disclose.

### Evaluation and Feedback

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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) Gianluca	2. Surname (Last Name) Gaidano	3. Date 14-August-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Giuseppe Palumbo
5. Manuscript Title THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108183		

### 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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
Celgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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. Gaidano reports personal fees from Roche, personal fees from GSK, personal fees from Novartis, personal fees from Amgen, personal fees from Celgene, 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)

Giuseppe

2. Surname (Last Name)

Palumbo

3. Date

07-August-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

THE GENOTYPE OF MLH1 IDENTIFIES A SUBGROUP OF FOLLICULAR LYMPHOMA PATIENTS THAT DO NOT BENEFIT FROM DOXORUBICIN: FIL-FOLL05 STUDY

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### 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. Giuseppe Palumbo has nothing to disclose.

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