

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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3. Relevant financial activities outside the submitted work.

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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)

Ingrid

2. Surname (Last Name)

Aries

3. Date

08-August-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance

6. Manuscript Identifying Number (if you know it)

HAEMATOL/2014/112995

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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Dr. Aries has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rosanna	2. Surname (Last Name) van den Dungen	3. Date 09-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ingrid M. Aries
5. Manuscript Title Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112995		

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Dr. van den Dungen 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) Marco	2. Surname (Last Name) Koudijs	3. Date 23-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ingrid M. Aries
5. Manuscript Title Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112995		

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Koudijs has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Edwin	2. Surname (Last Name) Cuppen	3. Date 12-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ingrid M. Aries
5. Manuscript Title Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112995		

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Dr. Cuppen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Emile	2. Surname (Last Name) Voest	3. Date 29-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ingrid M. Aries
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Section 1. Identifying Information

1. Given Name (First Name) Jan	2. Surname (Last Name) Molenaar	3. Date 29-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ingrid M. Aries
5. Manuscript Title Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112995		

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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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Section 5. Relationships not covered above

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Dr. Molenaar has nothing to disclose.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hubert	2. Surname (Last Name) CARON	3. Date 22-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ingrid M. Aries
5. Manuscript Title Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112995		

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. CARON 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) Rob	2. Surname (Last Name) Pieters	3. Date 23-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ingrid M. Aries
5. Manuscript Title Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/112995		

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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

Section 1. Identifying Information

1. Given Name (First Name) Monique	2. Surname (Last Name) den Boer	3. Date 10-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ingrid M. Aries
5. Manuscript Title Towards personalized therapy in pediatric acute lymphoblastic leukemia; RAS mutations and prednisolone resistance		
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