

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Pending: The patent has been filed but not issued

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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) Arantza	2. Surname (Last Name) Onaindia	3. Date 17-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margarita Sanchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/117705		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Onaindia 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)
Sagrario

2. Surname (Last Name)
Gómez de Benito

3. Date
18-November-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Margarita Sanchez-Beato

5. Manuscript Title
Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/117705

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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
ISCIII_AES_MINECO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Gómez de Benito reports personal fees from ISCIII_AES_MINECO, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Miguel	2. Surname (Last Name) Piris-Villaespesa	3. Date 17-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margarita Sanchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
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Dr. Piris-Villaespesa 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) Carolina	2. Surname (Last Name) Martínez-Laperche	3. Date 17-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margarita Sanchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/117705		

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Dr. Martínez-Laperche has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Cereceda	3. Date 17-November-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Margarita Sanchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
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Dr. Cereceda 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) SANTIAGO	2. Surname (Last Name) MONTES-MORENO	3. Date 18-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margarita Sanchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/117705		

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

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Dr. MONTES-MORENO 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) Ana	2. Surname (Last Name) Batlle	3. Date 18-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margarita Sánchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/117705		

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. Batlle 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) Sonia	2. Surname (Last Name) Glez. de Villambrosia	3. Date 19-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margarita Sanchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/117705		

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. Glez. de Villambrosia 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) Marina	2. Surname (Last Name) Pollan	3. Date 17-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margarita Sanchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/117705		

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. Pollan 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)
Paloma
2. Surname (Last Name)
Martin-Acosta
3. Date
17-November-2014
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Margarita Sanchez-Beato
5. Manuscript Title
Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation
6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/117705

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Are there any relevant conflicts of interest? Yes No

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Dr. Martin-Acosta 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) Julia	2. Surname (Last Name) González-Rincón	3. Date 18-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margarita Sanchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/117705		

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Are there any relevant conflicts of interest? Yes No

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Dr. González-Rincón 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) JAVIER
2. Surname (Last Name) MENARGUEZ
3. Date 19-November-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Margarita Sanchez-Beato

5. Manuscript Title
Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/117705

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. MENARGUEZ 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) JAVIER	2. Surname (Last Name) ALVES	3. Date 19-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margarita Sanchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/117705		

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Dr. ALVES 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) Socorro M.	2. Surname (Last Name) Rodríguez-Pinilla	3. Date 19-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margarita Sanchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
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Dr. Rodríguez-Pinilla has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) JUAN F. 2. Surname (Last Name) GARCIA 3. Date 17-November-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name Margarita Sanchez-Beato

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/117705

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Dr. GARCIA has nothing to disclose.

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1. Given Name (First Name) MANUELA	2. Surname (Last Name) MOLLEJO	3. Date
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Dr. MOLLEJO has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) MAXIMO	2. Surname (Last Name) FRAGA	3. Date 18-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margarita Sanchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/117705		

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 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. FRAGA has nothing to disclose.

Evaluation and Feedback

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Instructions

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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)
JOSE ANTONIO
2. Surname (Last Name)
GARCIA MARCO
3. Date
18-November-2014
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Margarita Sanchez-Beato
5. Manuscript Title
Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation
6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/117705

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Dr. GARCIA MARCO 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) Miguel A	2. Surname (Last Name) Piris	3. Date 17-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margarita Sanchez-Beato
5. Manuscript Title Chronic lymphocytic leukemia cells in lymph nodes show frequent NOTCH1 activation		
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/117705		

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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
Spanish Association for Cancer Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MINECO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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
TAKEDA MILLENIUM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Piris reports grants from Spanish Association for Cancer Research, grants from MINECO, during the conduct of the study; personal fees from TAKEDA MILLENIUM, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Margarita
2. Surname (Last Name)
Sanchez-Beato
3. Date
17-November-2014
4. Are you the corresponding author? Yes No
5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Instituto Salud Carlos III-FEDER-AES, Ministerio Economia y Competitividad	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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