ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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<tr>
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</tbody>
</table>

CAPELLI
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) | CHIARA
2. Surname (Last Name) | CAPELLI
3. Date | 24-February-2014
4. Are you the corresponding author? | Yes ✓ No
5. Manuscript Title | Frequent non-malignant genetic alterations occurrence in clinical grade Mesenchymal Stromal Cells expanded for Cell Therapy Protocols
6. Manuscript Identifying Number (if you know it) | HAEMATOL/2014/104711

### 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.

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Are there any relevant conflicts of interest? | Yes | ✓ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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 1. Identifying Information**

1. **Given Name (First Name)**
   OLGA
2. **Surname (Last Name)**
   PEDRINI
3. **Date**
   24-February-2014
4. **Are you the corresponding author?**
   ☑ Yes  ☐ No
   **Corresponding Author’s Name**
   MARTINO INTRONA
5. **Manuscript Title**
   Frequent non-malignant genetic alterations occurrence in clinical grade Mesenchymal Stromal Cells expanded for Cell Therapy Protocols
6. **Manuscript Identifying Number (if you know it)**
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

- [ ] Yes
- [x] No

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Section 1. Identifying Information

1. Given Name (First Name)  GISELLA
2. Surname (Last Name)  CASSINA
3. Date  24-February-2014
4. Are you the corresponding author?  Yes  No  ✔
5. Manuscript Title
   Frequent non-malignant genetic alterations occurrence in clinical grade Mesenchymal Stromal Cells expanded for Cell Therapy Protocols
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Dr. CASSINA has nothing to disclose.

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<td>4. Are you the corresponding author?</td>
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<td>Corresponding Author’s Name</td>
<td>MARTINO INTRONA</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   SILVIA
2. Surname (Last Name)
   SALMOIRAGHI
3. Date
   24-February-2014
4. Are you the corresponding author?
   Yes ☐ No ✔
Corresponding Author’s Name
   MARTINO INTRONA

5. Manuscript Title
   Frequent non-malignant genetic alterations occurrence in clinical grade Mesenchymal Stromal Cells expanded for Cell Therapy Protocols
6. Manuscript Identifying Number (if you know it)
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Dr. SALMOIRAGHI reports non-financial support from Associazione Italiana contro le Leucemie, Linfomi e Mieloma (AIL), Bergamo-Sezione Paolo Belli, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) JOSEE
2. Surname (Last Name) GOLAY
3. Date 24-February-2014
4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author’s Name MARTINO INTRONA

5. Manuscript Title
Frequent non-malignant genetic alterations occurrence in clinical grade Mesenchymal Stromal Cells expanded for Cell Therapy Protocols

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/104711

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1. Given Name (First Name) 
ALESSANDRO

2. Surname (Last Name) 
RAMBALDI

3. Date 
24-February-2014

4. Are you the corresponding author?  
☑ Yes  ☐ No

Corresponding Author’s Name 
MARTINO INTRONA

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### Section 1. Identifying Information

1. Given Name (First Name)  
   **URSULA**

2. Surname (Last Name)  
   **GIUSSANI**

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   24-February-2014

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Dr. GIUSSANI has nothing to disclose.

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1. Given Name (First Name) MARTINO
2. Surname (Last Name) INTRONA
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4. Are you the corresponding author? ✔ Yes ☐ No
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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? ☐ Yes ✔ No
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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?

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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.

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