ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Giorgia</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Simonetti</td>
</tr>
<tr>
<td>3. Date</td>
<td>14-February-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

5. Manuscript Title  
   SIGLEC-G deficiency increases susceptibility to develop B-cell lymphoproliferative disorders

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2013/100230

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Are there any relevant conflicts of interest?  
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   - [x] No

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   - [x] No

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Dr. Simonetti has nothing to disclose.

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<tbody>
<tr>
<td>Maria Teresa Sabrina</td>
<td>Bertilaccio</td>
<td>14-February-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? □ Yes ✔ No

Corresponding Author’s Name
Federico Caligaris-Cappio

5. Manuscript Title
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## Section 1. Identifying Information

1. Given Name (First Name)  
   Tania  
2. Surname (Last Name)  
   Veliz Rodriguez  
3. Date  
   17-February-2014  
4. Are you the corresponding author?  
   ✔ No  
5. Manuscript Title  
   SIGLEC-G deficiency increases susceptibility to develop B-cell lymphoproliferative disorders  
6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2013/100230

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Dr. Veliz-Rodriguez has nothing to disclose.

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Apollonio 1
Section 1. Identifying Information

1. Given Name (First Name)  
Benedetta

2. Surname (Last Name)  
Apollonio

3. Date  
13-February-2014

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Federico Caligaris-Cappio

5. Manuscript Title  
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Dr. Apollonio has nothing to disclose.

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<tr>
<td>ANTONIS</td>
<td>DAGKLIS</td>
<td>17-February-2014</td>
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5. Manuscript Title
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Dr. DAGKLIS has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Martina</td>
<td>Rocchi</td>
<td>17-February-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? ✔ No

<table>
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<th>5. Manuscript Title</th>
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<td>SIGLEC-G deficiency increases susceptibility to develop B-cell lymphoproliferative disorders</td>
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<td>HAEMATOL/2013/100230</td>
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### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ✔ No

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Are there any relevant conflicts of interest? ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ✔ No
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Dr. Rocchi 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) Anna
2. Surname (Last Name) Innocenzi
3. Date 17-February-2014
4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author’s Name
Federico Caligaris-Cappio

5. Manuscript Title SIGLEC-G deficiency increases susceptibility to develop B-cell lymphoproliferative disorders

6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/100230

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Dr. Innocenzi Anna 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)  
   Stefano

2. Surname (Last Name)  
   Casola

3. Date  
   14-February-2014

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

   Corresponding Author's Name  
   Federico Caligaris-Cappio

5. Manuscript Title  
   SIGLEC-G deficiency increases susceptibility to develop B-cell lymphoproliferative disorders

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2013/100230

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Are there any relevant conflicts of interest?  
Yes ☐  No ☑

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Dr. Casola 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)  
   Thomas

2. Surname (Last Name)  
   Winkler

3. Date  
   16-February-2014

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

   Corresponding Author’s Name  
   Federico Caligaris-Cappio

5. Manuscript Title  
   SIGLEC-G deficiency increases susceptibility to develop B-cell lymphoproliferative disorders

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2013/100230

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ICMJE Form for Disclosure of Potential Conflicts 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. Winkler 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)**  
   Lars

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

3. **Date**  
   17-February-2014

4. **Are you the corresponding author?**  
   - Yes
   - No  
   ✔ No

5. **Manuscript Title**  
   SIGLEC-G deficiency increases susceptibility to develop B-cell lymphoproliferative disorders

6. **Manuscript Identifying Number (if you know it)**  
   HAEMATOL/2013/100230

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  

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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. Nitschke 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)**
   - Federico

2. **Surname (Last Name)**
   - Caligaris-Cappio

3. **Date**
   - 13-February-2014

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - SIGLEC-G deficiency increases susceptibility to develop B-cell lymphoproliferative disorders

6. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2013/100230

## 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.

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

## 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

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Caligaris-Cappio has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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”.

3. **Relevant financial activities outside the submitted work.**

   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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**Definitions.**

- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
- **Grant:** A grant from an entity, generally (but not always) paid to your organization
- **Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
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### Identifying Information

1. **Given Name (First Name)**
   - Maurilio

2. **Surname (Last Name)**
   - Ponzoni

3. **Date**
   - 14-February-2014

4. **Are you the corresponding author?**
   - Yes [ ]
   - No [✔]

   **Corresponding Author’s Name**
   - Federico Caligaris-Cappio

5. **Manuscript Title**
   - SIGLEC-G deficiency increases susceptibility to develop B-cell lymphoproliferative disorders

6. **Manuscript Identifying Number (if you know it)**
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- Yes [ ]
- No [✔]

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- Yes [ ]
- No [✔]

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Dr. Ponzoni 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) Paolo
2. Surname (Last Name) Ghia
3. Date 13-February-2014
4. Are you the corresponding author? ☑ No

Corresponding Author's Name Federico Caligaris-Cappio

5. Manuscript Title SIGLEC-G deficiency increases susceptibility to develop B-cell lymphoproliferative disorders

6. Manuscript Identifying Number (if you know it) HAEMATOL/2013/100230

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If yes, please fill out the appropriate information below.

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Dr. Ghia reports personal fees from MERCK, grants from ROCHE, grants from GSK, personal fees from Boehringer Ingelheim, personal fees from GILEAD, outside the submitted work.

Evaluation and Feedback
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Ghia