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.

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Section 1. Identifying Information

1. Given Name (First Name)  Lara
2. Surname (Last Name)      Rheinemann
3. Date                    16-May-2014
4. Are you the corresponding author?  No
5. Manuscript Title
   NF-E2 Regulates Transcription of Multiple Enzymes in the Heme Biosynthesis Pathway
6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/106393

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Dr. Rheinemann has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Thalia S.

2. Surname (Last Name)  
   Seeger

3. Date  
   16-May-2014

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   NF-E2 Regulates Transcription of Multiple Enzymes in the Heme Biosynthesis Pathway

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/106393

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

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Dr. Seeger has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Julius

2. Surname (Last Name)  
   Wehrle

3. Date  
   16-May-2014

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

Corresponding Author’s Name  
   Heike L. Pahl

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Wehrle has nothing to disclose.

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1. Given Name (First Name)
   Heike L.

2. Surname (Last Name)
   Pahl

3. Date
   16-May-2014

4. Are you the corresponding author?
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