ICMJE Form for Disclosure of Potential Conflicts of Interest

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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2. **The work under consideration for publication.**

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Patrizia

2. Surname (Last Name)  
   Ferroni

3. Date  
   16-June-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Evaluation of mean platelet volume as a predictive marker for cancer-associated venous thromboembolism during chemotherapy

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/109470

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   No

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Dr. Ferroni has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Fiorella

2. Surname (Last Name)  
Guadagni

3. Date  
16-June-2014

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Patrizia Ferroni

5. Manuscript Title  
Evaluation of mean platelet volume as a predictive marker for cancer-associated venous thromboembolism during chemotherapy

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

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Section 1. Identifying Information

1. Given Name (First Name) Silvia
2. Surname (Last Name) Riondino
3. Date 16-June-2014
4. Are you the corresponding author? ☐ Yes  ✔ No
   Corresponding Author’s Name
   Patrizia Ferroni

5. Manuscript Title
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<td>Portarena</td>
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Section 1. Identifying Information

1. Given Name (First Name)  
   Sabrina

2. Surname (Last Name)  
   Mariotti

3. Date  
   16-June-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Patrizia Ferroni

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

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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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- **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)  Francesca
2. Surname (Last Name)  La Farina
3. Date  17-June-2014
4. Are you the corresponding author?  No
   ✔
   Corresponding Author’s Name  Patrizia Ferroni

5. Manuscript Title
   Evaluation of mean platelet volume as a predictive marker for cancer-associated venous thromboembolism during chemotherapy

6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/109470

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?  No  ✔

Section 3. Relevant financial activities outside the submitted work.

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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  ✔
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. La Farina 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.
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.

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>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giovanni</td>
<td>Davì</td>
<td>16-June-2014</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   "Evaluation of mean platelet volume as a predictive marker for cancer-associated venous thromboembolism during chemotherapy"

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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?  
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  - No ✔

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  - 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. Davì 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)  
   Mario 

2. Surname (Last Name)  
   Roselli 

3. Date  
   17-June-2014 

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name
   Patrizia Ferroni

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

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