ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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1. **Identifying information.**
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)  
   Emma

2. Surname (Last Name)  
   Das-Gupta

3. Date  
   17-May-2014

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Jagasia, Madan

5. Manuscript Title  
   Extracorporeal photopheresis as second-line treatment for acute graft-versus-host disease: Impact on six month freedom from treatment failure

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/108217

Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below.

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Das-Gupta reports other from Therakos, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Hildegarde

2. Surname (Last Name)  
   Greinix

3. Date  
   17-May-2014

4. Are you the corresponding author?  
   No

   ✔

   Corresponding Author’s Name  
   Jagasia, Madan

5. Manuscript Title  
   Extracorporeal photopheresis as second-line treatment for acute graft-versus-host disease: Impact on six month freedom from treatment failure

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 17-May-2014

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

5. **Manuscript Title**
   - Extracorporeal photopheresis as second-line treatment for acute graft-versus-host disease: Impact on six month freedom from treatment failure

6. **Manuscript Identifying Number (if you know it)**
   - HAEMATOL/2014/108217

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- Yes [☐] No [✓]

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Dr. Jacobs has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)** Li
2. **Surname (Last Name)** Zhou
3. **Date** 17-May-2014
4. Are you the corresponding author? 
   - [ ] Yes
   - [X] No
   - **Corresponding Author’s Name** Jagasia, Madan

5. **Manuscript Title**
   Extracorporeal photopheresis as second-line treatment for acute graft-versus-host disease: Impact on six month freedom from treatment failure

6. **Manuscript Identifying Number (if you know it)**
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   Bipin
2. Surname (Last Name)  
   Savani
3. Date  
   17-May-2014
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Brian

2. Surname (Last Name)  
Engelhardt

3. Date  
17-May-2014

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Jagasia, Madan

5. Manuscript Title  
Extracorporeal photopheresis as second-line treatment for acute graft-versus-host disease: Impact on six month freedom from treatment failure

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/108217

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Are there any relevant conflicts of interest?  
☑ No

Section 3. Relevant financial activities outside the submitted work.

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☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Engelhardt has nothing to disclose.

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Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Adetola

2. Surname (Last Name)  
   Kassim

3. Date  
   17-May-2014

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Jagasia, Madan

5. Manuscript Title  
   Extracorporeal photopheresis as second-line treatment for acute graft-versus-host disease: Impact on six month freedom from treatment failure

6. Manuscript Identifying Number (if you know it)  
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Dr. Kassim 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)  Nina
2. Surname (Last Name)  Worel
3. Date  17-May-2014
4. Are you the corresponding author?  No
   ✔
   Corresponding Author’s Name  Jagasia, Madan

5. Manuscript Title  Extracorporeal photopheresis as second-line treatment for acute graft-versus-host disease: Impact on six month freedom from treatment failure

6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/108217

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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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Dr. Worel reports other from Therakos, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Knobler
3. Date  17-May-2014
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author's Name  Jagasia, Madan

5. Manuscript Title  Extracorporeal photopheresis as second-line treatment for acute graft-versus-host disease: Impact on six month freedom from treatment failure
6. Manuscript Identifying Number (if you know it)  HAEMATOL/2014/108217

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If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Nigel

2. Surname (Last Name)  
   Russell

3. Date  
   17-May-2014

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

   Corresponding Author’s Name  
   Jagasia, Madan

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Dr. Russell has nothing to disclose.

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- **Licensed:** The patent has been licensed to an entity, whether earning royalties or not
- **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) Madan
2. Surname (Last Name) Jagasia
3. Date 17-May-2014
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title Extracorporeal photopheresis as second-line treatment for acute graft-versus-host disease: Impact on six month freedom from treatment failure
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/108217

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

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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

If yes, please fill out the appropriate information below.

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<th>Other?</th>
<th>Comments</th>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No
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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Dr. Jagasia reports other from Therakos, outside the submitted work.