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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>Manja</td>
<td>Meggendorfer</td>
<td>12-August-2014</td>
</tr>
</tbody>
</table>

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

5. Specific molecular mutation patterns delineate chronic neutrophilic leukemia, atypical chronic myeloid leukemia, and chronic myelomonocytic leukemia

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/113159

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Haerlach
# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

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

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

3. **Date**  
   12-August-2014

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

**Corresponding Author’s Name**  
Manja Meggendorfer

5. **Manuscript Title**  
Specific molecular mutation patterns delineate chronic neutrophilic leukemia, atypical chronic myeloid leukemia, and chronic myelomonocytic leukemia

6. **Manuscript Identifying Number (if you know it)**  
HAEMATOL/2014/113159

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1. Given Name (First Name)  
   Tamara

2. Surname (Last Name)  
   Alpermann

3. Date  
   12-August-2014

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

5. Specific Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)  
   Sabine

2. Surname (Last Name)  
   Jeromin

3. Date  
   13-August-2014

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Manja Meggendorfer

5. Manuscript Title  
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<th>Claudia</th>
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Definitions.

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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

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Susanne</td>
<td>Schnittger</td>
<td>12-August-2014</td>
</tr>
</tbody>
</table>

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

- **Manja Meggendorfer**

- **5. Manuscript Title**
  Specific molecular mutation patterns delineate chronic neutrophilic leukemia, atypical chronic myeloid leukemia, and chronic myelomonocytic leukemia

- **6. Manuscript Identifying Number (if you know it)**
  HAEMATOL/2014/113159

### 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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### 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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☐ No other relationships/conditions/circumstances that present a potential conflict of interest

Susanne Schnittger is employed and partly owns the MLL Munich Leukemia Laboratory.

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.

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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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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”.

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Section 1. Identifying Information

1. Given Name (First Name) Wolfgang
2. Surname (Last Name) Kern
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4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Manja Meggendorfer

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**Evaluation and Feedback**

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