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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Mathijs

2. Surname (Last Name)  
   Sanders

3. Date  
   01-October-2014

4. Are you the corresponding author?  
   Yes  No  ✔

Corresponding Author’s Name  
   PJM Valk

5. Manuscript Title  
   RNA sequencing reveals a unique fusion of the lysine (K)-specific methyltransferase 2A and smooth muscle myosin heavy chain 11 in myelodysplastic syndrome and acute myeloid leukemia

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/110775

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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  ✔
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Dr. Sanders has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Francois

2. Surname (Last Name)  
Kavelaars

3. Date  
01-October-2014

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

Corresponding Author’s Name  
Peter JM Valk

5. Manuscript Title  
RNA sequencing reveals a unique fusion of the lysine (K)-specific methyltransferase 2A and smooth muscle myosin heavy chain 11 in myelodysplastic syndrome and acute myeloid leukemia

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

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Section 1. Identifying Information

1. Given Name (First Name) Annelieke
2. Surname (Last Name) Zeilemaker
3. Date 01-October-2014

4. Are you the corresponding author? ☑ No

5. Manuscript Title
RNA sequencing reveals a unique fusion of the lysine (K)-specific methyltransferase 2A and smooth muscle myosin heavy chain 11 in myelodysplastic syndrome and acute myeloid leukemia

6. Manuscript Identifying Number (if you know it)
HAEMATOL/2014/110775

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Dr. Zeilemaker has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Adil

2. Surname (Last Name)  
Al Hinai

3. Date  
01-October-2014

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

Corresponding Author’s Name
Peter Valk

5. Manuscript Title  
RNA sequencing reveals a unique fusion of the lysine (K)-specific methyltransferase 2A and smooth muscle myosin heavy chain 11 in myelodysplastic syndrome and acute myeloid leukemia

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/110775

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Dr. Al Hinai has nothing to disclose.

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Peter JM Valk

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Dr. Abbas has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Berna

2. Surname (Last Name)  
   Beverloo

3. Date  
   01-October-2014

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Peter Valk

5. Manuscript Title  
   RNA sequencing reveals a unique fusion of the lysine (K)-specific methyltransferase 2A and smooth muscle myosin heavy chain 11 in myelodysplastic syndrome and acute myeloid leukemia

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/110775

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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?  
   ☑ No

### Section 3. Relevant financial activities outside the submitted work.

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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?  
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Dr. Beverloo has nothing to disclose.

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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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1. Given Name (First Name)  
Kirsten

2. Surname (Last Name)  
van Lom

3. Date  
01-October-2014

4. Are you the corresponding author?  
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Corresponding Author’s Name  
Peter J.M. Valk

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Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Valk

3. Date  
   01-October-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

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