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.**

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

   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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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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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>ANNA</td>
<td>KALFF</td>
<td>07-October-2014</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   A rare case of IGH/MYC and IGH/BCL2 double hit primary plasma cell leukemia

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/111385

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

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Are there any relevant conflicts of interest?  
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Section 6. Disclosure Statement

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Dr. KALFF has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   TIFFANY

2. Surname (Last Name)  
   KHONG

3. Date  
   06-October-2014

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

   Corresponding Author’s Name  
   ANDREW SPENCER

5. Manuscript Title  
   A rare case of IGH/MYC and IGH/BCL2 double hit primary plasma cell leukemia

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/111385

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. KHONG 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)  
   Meaghan

2. Surname (Last Name)  
   Wall

3. Date  
   03-October-2014

4. Are you the corresponding author?  
   Yes  
   ✔  
   No

   Corresponding Author’s Name  
   Andrew Spencer

5. Manuscript Title  
   A rare case of IGH/MYC and IGH/BCL2 double hit primary plasma cell leukaemia

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/111385

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   ✔  
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Dr. Wall has nothing to disclose.

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<tr>
<td>MALGORZATA</td>
<td>GORNIAK</td>
<td>06-October-2014</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
   A rare case of IGH/MYC and IGH/BCL2 double hit primary plasma cell leukemia

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

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Section 1. Identifying Information

1. Given Name (First Name) SRIUDRGA
2. Surname (Last Name) MITHRAPRABHU
3. Date 03-October-2014

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name ANDREW SPENCER

5. Manuscript Title
A RARE CASE OF IGH/MYC AND IGH/BCL2 DOUBLE HIT PRIMARY PLASMA CELL LEUKEMIA

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Dr. MITHRAPRABHU has nothing to disclose.

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### Section 1. Identifying Information

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

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

3. **Date**
   - 06-October-2014

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
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- Yes
- No

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

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
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
- Yes
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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. CAMPBELL has nothing to disclose.

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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.
2. The work under consideration for publication.
   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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   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.
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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally (but not always) paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
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Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
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
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Section 1. Identifying Information

1. Given Name (First Name)  
ANDREW

2. Surname (Last Name)  
SPENCER

3. Date  
06-October-2014

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

5. Manuscript Title  
A rare case of IGH/MYC and IGH/BCL2 double hit primary plasma cell leukemia

6. Manuscript Identifying Number (if you know it)  
HAEMATOL/2014/111385

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