ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Seok Jin

2. Surname (Last Name)  
   Kim

3. Date  
   29-October-2014

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Won Seog Kim

5. Manuscript Title  
   Serum survivin and vascular endothelial growth factor in extranodal NK/T-cell lymphoma, nasal type: implications for a potential new prognostic indicator

6. Manuscript Identifying Number (if you know it)  
   HAEMATOL/2014/116087

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Dr. Kim has nothing to disclose.

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   Mineui

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   Hong

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### Identifying Information

<table>
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<td>Do</td>
<td>29-October-2014</td>
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Corresponding Author’s Name

Won Seog Kim

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1. Given Name (First Name) Seung Ho
2. Surname (Last Name) Lee
3. Date 29-October-2014
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   Won Seog Kim

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2. Surname (Last Name)  
   Ryu

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Hae Yong
2. Surname (Last Name)     Yoo
3. Date                      29-October-2014
4. Are you the corresponding author?  No
   ✔
Corresponding Author’s Name
   Won Seog Kim

5. Manuscript Title
   Serum survivin and vascular endothelial growth factor in extranodal NK/T-cell lymphoma, nasal type: implications for a
   potential new prognostic indicator

6. Manuscript Identifying Number (if you know it)
   HAEMATOL/2014/116087

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
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Are there any relevant conflicts of interest?  No
   ✔

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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
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Dr. Yoo has nothing to disclose.

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Jung Yong

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<p>| | |</p>
<table>
<thead>
<tr>
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<tr>
<td>1. Given Name (First Name)</td>
<td>2. Surname (Last Name)</td>
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<tr>
<td>Young Hyeh</td>
<td>Ko</td>
</tr>
<tr>
<td>3. Date</td>
<td>29-October-2014</td>
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<tr>
<td>4. Are you the corresponding author?</td>
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| Yes | ✔ No |

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1. Given Name (First Name)  
Won Seog

2. Surname (Last Name)  
Kim

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29-October-2014

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