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.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

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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

Papaioannou
## Section 1. Identifying Information

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

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

3. **Date**
   02-October-2014

4. **Are you the corresponding author?**
   - Yes
   - ✔ No
   **Corresponding Author’s Name**
   Hendrik Veelken

5. **Manuscript Title**
   Evidence for Idiotype-directed Immunosurveillance is Restricted to Follicular Lymphoma and Attributable to Somatic Hypermutation

6. **Manuscript Identifying Number (if you know it)**
   HAEMATOL/2014/111252

## 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

## 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
- ✔ No

## 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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Section 5. Relationships not covered above

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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Mr. Papaioannou has nothing to disclose.

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<thead>
<tr>
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<th>Corresponding Author’s Name</th>
</tr>
</thead>
<tbody>
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<td>Anna-Maria</td>
<td>Strothmeyer</td>
<td>05-December-2014</td>
<td>Yes</td>
<td>Hendrik Veelken</td>
</tr>
</tbody>
</table>

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Dr. Strothmeyer has nothing to disclose.

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Dühren-von Minden
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marcus
2. Surname (Last Name) Dühren-von Minden
3. Date 11-February-1976
4. Are you the corresponding author? □ Yes ☑ No
   Corresponding Author’s Name Hendrik Veelken
5. Manuscript Title Evidence for Idiotype-directed Immunosurveillance is Restricted to Follicular Lymphoma and Attributable to Somatic Hypermutation
6. Manuscript Identifying Number (if you know it) HAEMATOL/2014/111252

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

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

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. Dühren-von Minden has nothing to disclose.

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Dr. has nothing to disclose.

A. Hojle, M.D.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  ANDREA
2. Surname (Last Name)  HATLEKEYER
3. Date  2014 3rd Oct

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Evidence for Idiotype-directed Immunosurveillance is Restricted to Follicular Lymphoma and Attributable to Somatic Hypermutation

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Katja

2. Surname (Last Name)  
   Zirlik

3. Date  
   05-December-2014

4. Are you the corresponding author?  
   ✔ No

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Dr. Zirlik has nothing to disclose.

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<tr>
<th>1. Given Name (First Name)</th>
<th>Kristina</th>
</tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Mikesch</td>
</tr>
<tr>
<td>3. Date</td>
<td>02-October-2014</td>
</tr>
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<td>Hendrik Veelken</td>
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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

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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
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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Mikesch has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

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<td>4. Are you the corresponding author?</td>
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<td>Corresponding Author’s Name</td>
<td>Hendrik Veelken</td>
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<tr>
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<td>Navarrete</td>
<td>02-October-2014</td>
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4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name
Hendrik Veelken

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M.A. Navarrete has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hendriq
2. Surname (Last Name) Veelken
3. Date 05-December-2014
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