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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Other: Anything not covered under the previous three boxes

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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

1. Given Name (First Name)  Marco
2. Surname (Last Name)  Ladetto
3. Date  15-April-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   Minimal Residual Disease (MRD) in Mantle cell Lymphoma

6. Manuscript Identifying Number (if you know it)
   AOL-2018-MCL-009

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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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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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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Section 6. Disclosure Statement

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Dr. Ladetto reports personal fees from Abbvie, personal fees from Acerta, personal fees from Amgen, personal fees from Archigen, personal fees and non-financial support from ADC Therapeutic, personal fees and non-financial support from Beigene, personal fees and non-financial support from Celgene, personal fees from Gilead, personal fees and non-financial support from J&J, personal fees from Jazz, personal fees from Roche, personal fees from Sandoz, personal fees from Takeda, outside the submitted work;
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<tr>
<td>Rita</td>
<td>Tavarozzi</td>
<td>15-April-2020</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name

Marco Ladetto

5. Manuscript Title

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Tavarozzi
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Dr. Tavarozzi has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Christiane

2. Surname (Last Name)  
Pott

3. Date  
22-April-2020

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

   Corresponding Author’s Name  
   Marco Ladetto

5. Manuscript Title  
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