ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)  Haley
2. Surname (Last Name)  Abel
3. Date  28-May-2018

4. Are you the corresponding author?  ☑ Yes  ☐ No
Corresponding Author’s Name  Matthew Walter

5. Manuscript Title
Mutation Clearance after Transplant for Myelodysplastic Syndrome

6. Manuscript Identifying Number (if you know it)
18-04714

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.)?

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Are there any relevant conflicts of interest?  ☑ Yes  ☐ No
If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>P&amp;V Licensing</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
<td>fees for consulting to create NGS reference samples.</td>
</tr>
</tbody>
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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

Abel
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Dr. Abel reports personal fees from P&V Licensing outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Kimberly

2. Surname (Last Name)  
Brendel

3. Date  
21-May-2018

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

Corresponding Author’s Name  
Matthew J. Walter

5. Manuscript Title  
Mutation Clearance after Transplant for Myelodysplastic Syndrome

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

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gue Su  
2. Surname (Last Name)  
   Chang  
3. Date  
   30-May-2018  
4. Are you the corresponding author?  
   [ ] Yes  
   [ ] No  
   Corresponding Author’s Name  
   Matthew J. Walter  
5. Manuscript Title  
   Mutation Clearance after Transplant for Myelodysplastic Syndrome  
6. Manuscript Identifying Number (if you know it)  
   18-04714

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Dr. Chang has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Christopher

3. Date  
   04-June-2018

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

   Corresponding Author’s Name  
   Matthew J. Walter

5. Manuscript Title  
   Mutation Clearance after Transplant for Myelodysplastic Syndrome

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Dr. Christopher has nothing to disclose.

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1. Given Name (First Name)  
John

2. Surname (Last Name)  
DiPersio

3. Date  
18-May-2018

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

Corresponding Author’s Name  
Matthew Walter

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Dr. DiPersio 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)  
   Eric

2. Surname (Last Name)  
   Duncavage

3. Date  
   17-July-2018

4. Are you the corresponding author?  
   Yes ☑  No ☐  
   Corresponding Author's Name  
   Matthew Walter

5. Manuscript Title  
   Mutation Clearance after Transplant for Myelodysplastic Syndrome

6. Manuscript Identifying Number (if you know it)  
   18-04714

Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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**Section 4. Intellectual Property – Patents & Copyrights**

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**Section 6. Disclosure Statement**

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Dr. Duncavage reports grants from Leukemia Lymphoma Society, National Cancer Institute, Specialized Program of Research Excellence in AML of the National Cancer Institute, and Washington University Institute of Clinical and Translational Sciences grant UL1TR002345 from the National Center for Advancing Translational Sciences (NCATS) of the National Institutes of Health during the conduct of the study, as well as personal fees from AbbVie and Cofactor Genomics outside the submitted work.
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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<td>Natasha</td>
<td>Edwin</td>
<td>18-May-2018</td>
</tr>
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</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   Corresponding Author’s Name  
   Matthew J Walter

5. Manuscript Title  
Mutation Clearance after Transplant for Myelodysplastic Syndrome

6. Manuscript Identifying Number (if you know it)  
18-04714

## 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?  
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- No

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Dr. Edwin has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kevin
2. Surname (Last Name)  
   Elliott
3. Date  
   22-May-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Matthew Walter

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Catrina

2. Surname (Last Name)  
   Fronick

3. Date  
   18-May-2018

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Matt Walter

5. Manuscript Title  
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1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Fulton

3. Date  
   18-May-2018

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   □ Yes  ✅ No  
   Corresponding Author’s Name  
   Matthew Walter

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Dr. Fulton has nothing to disclose.

Evaluation and Feedback

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Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Timothy

2. Surname (Last Name)  
   Graubert

3. Date  
   17-July-2018

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Matthew Walter

5. Manuscript Title  
   Mutation Clearance after Transplant for Myelodysplastic Syndromes

6. Manuscript Identifying Number (if you know it)  
   18-04714

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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?  
   [ ] Yes  [x] No

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If yes, please fill out the appropriate information below:

<table>
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<tr>
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Spouse holds equity and is an employee of Biogen, Inc.

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Dr. Graubert reports personal fees from Juno Therapeutics and H3 Biomedicine and other support from Bristol-Myers Squibb and Express Scripts outside the submitted work. Dr. Graubert’s spouse holds equity and is an employee of Biogen, Inc.

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Graubert
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Sharon

2. Surname (Last Name)  
Heath

3. Date  
22-May-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Matthew J. Walter, MD

5. Manuscript Title  
Mutation Clearance after Transplant for Myelodysplastic Syndrome

6. Manuscript Identifying Number (if you know it)  
18-04714

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Section 6. Disclosure Statement

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Dr. Heath 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)**  
   Meagan

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

3. **Date**  
   20-July-2018

4. **Are you the corresponding author?**  
   Yes  
   No

   **Corresponding Author’s Name**  
   Matthew Walter

5. **Manuscript Title**  
   Mutation Clearance after Transplant for Myelodysplastic Syndrome

6. **Manuscript Identifying Number (if you know it)**  
   18-04714

## 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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the "X" button.

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Dr. Jacoby reports other support from American Society of Hematology Scholar Award during the conduct of the study, as well as other support from Sunesis Pharmaceuticals and personal fees from Novo Nordisk and Celgen outside the submitted work.

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1. Given Name (First Name)  
   Timothy

2. Surname (Last Name)  
   Ley

3. Date  
   16-July-2018

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Dr. Ley reports grants from National Institutes of Health during the conduct of the study.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Link

3. Date  
   23-July-2018

4. Are you the corresponding author?  
   Yes  
   No

    **Corresponding Author’s Name**  
    Matthew J. Walter

5. Manuscript Title  
   Mutation Clearance after Transplant for Myelodysplastic syndrome

6. Manuscript Identifying Number (if you know it)  
   18-04714

### 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

### 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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

Principal investigator of NCI P50CA171963, Specialized Program of Research Excellence (SPORE) in Leukemia.

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Section 6. Disclosure Statement

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Dr. Link reports that he is Principal investigator of NCI P50CA171963, Specialized Program of Research Excellence (SPORE) in Leukemia.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Miller

3. Date  
   18-May-2018

4. Are you the corresponding author?  
   Yes  ☑ No

   Corresponding Author’s Name  
   Matthew J Walter

5. Manuscript Title  
   Mutation clearance after transplant for myelodysplastic syndrome

6. Manuscript Identifying Number (if you know it)  
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Dr. Miller 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)  
   Michelle  
2. Surname (Last Name)  
   O’Laughlin  
3. Date  
   31-May-2018

4. Are you the corresponding author?  
   ☑ Yes ☐ No  
   Corresponding Author’s Name  
   Matthew J. Walter

5. Manuscript Title  
   Mutation Clearance after Transplant for Myelodysplastic Syndrome

6. Manuscript Identifying Number (if you know it)  
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O’Laughlin
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Dr. O’Laughlin 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)  
   Iskra

2. Surname (Last Name)  
   Pusic

3. Date  
   18-May-2018

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Matthew J. Walter

5. Manuscript Title  
   Mutation Clearance after Transplant for Myelodysplastic Syndrome

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Dr. Pusic 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)  
   Joshua

2. Surname (Last Name)  
   Robinson

3. Date  
   18-May-2018

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Matt Walter

5. Manuscript Title  
   Mutation Clearance after Transplant for Myelodysplastic Syndrome

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Section 1. Identifying Information

1. Given Name (First Name) Raya
2. Surname (Last Name) Saba
3. Date 18-May-2018
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name
   Matthew Walter

5. Manuscript Title
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**Royalties:** Funds are coming into 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)  
   Jin

2. Surname (Last Name)  
   Shao

3. Date  
   18-May-2018

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

   Corresponding Author’s Name  
   Matthew J. Walter

5. Manuscript Title  
   Mutation Clearance after Transplant for Myelodysplastic Syndrome

6. Manuscript Identifying Number (if you know it)  
   18-04714

## 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  
   [x] No

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

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   [ ] Yes  
   [x] No

## Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
   [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Shao has nothing to disclose.

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)  
Kathryn

2. Surname (Last Name)  
Trinkaus

3. Date  
18-May-2018

4. Are you the corresponding author?  
Yes  ᵃ  No

Corresponding Author's Name  
Matthew J. Walter, MD

5. Manuscript Title  
Mutation Clearance after Transplant for Myelodysplastic Syndrome

6. Manuscript Identifying Number (if you know it)  
18-04714

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Trinkaus has nothing to disclose.

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)  
Geoffrey

2. Surname (Last Name)  
Uy

3. Date  
20-July-2018

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

Corresponding Author’s Name  
Matthew J. Walter

5. Manuscript Title  
Mutation Clearance after Transplant for Myelodysplastic Syndrome

6. Manuscript Identifying Number (if you know it)  
18-04714

Section 2. The Work Under Consideration for Publication

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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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Dr. Uy reports personal fees from Curis, Glycomimetics, and Novo Nordisk outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Walter

3. Date  
   24-July-2018

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

5. Manuscript Title  
   Mutation Clearance after Transplant for Myelodysplastic Syndromes

6. Manuscript Identifying Number (if you know it)  
   18-04714

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Dr. Walter reports grants from Leukemia and Lymphoma Society Quest for Cures, Leukemia and Lymphoma Society Scholar Award, The National Cancer Institute, Gabrielle’s Angel Foundation, Lottie Caroline Hardy Trust, and Edward P. Evans Foundation during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Lukas

2. Surname (Last Name)  
   Wartman

3. Date  
   01-June-2018

4. Are you the corresponding author?  
   Yes  ☑ No  
   Corresponding Author’s Name  
   Matthew Walter

5. Manuscript Title  
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</table>

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes  ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

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Dr. Wartman reports other support from Jazz Pharmaceuticals and Incyte Pharmaceuticals outside the submitted work.

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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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


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

2. Surname (Last Name)  
   Welch

3. Date  
   18-May-2018

4. Are you the corresponding author?  
   Yes  
   No

Corresponding Author’s Name  
Matthew J. Walter

5. Manuscript Title  
Mutation Clearance after Transplant for Myelodysplastic Syndrome

6. Manuscript Identifying Number (if you know it)  
18-04714

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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?  
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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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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td>Honorarium, Unrelated to submitted work</td>
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Dr. Welch reports personal fees from Rigel Pharmaceuticals outside the submitted work.

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## Section 1. Identifying Information

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

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

3. **Date**  
   24-May-2018

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

5. **Corresponding Author’s Name**  
   Matthew Walter

6. **Manuscript Title**  
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[ ] Yes  
[ ] No

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Dr. Westervelt has nothing to disclose.

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