

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.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maya	2. Surname (Last Name) Svenningsen	3. Date 06-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maja Ludvigsen
5. Manuscript Title Monoclonal B-cell lymphocytosis - not the same as B-cell chronic lymphocytic leukaemia!		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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

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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. Svenningsen 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) Laura Laine	2. Surname (Last Name) Herborg	3. Date 06-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maja Ludvigsen
5. Manuscript Title Monoclonal B-cell lymphocytosis - not the same as B-cell chronic lymphocytic leukaemia!		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Herborg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Hokland

3. Date
06-September-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Maja Ludvigsen

5. Manuscript Title
Monoclonal B-cell lymphocytosis - not the same as B-cell chronic lymphocytic leukaemia!

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The Danish Cancer Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hokland reports grants from The Danish Cancer Society, outside the submitted work; .

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Maja

2. Surname (Last Name)

Ludvigsen

3. Date

06-September-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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