

Section 1. Identifying Inform	ation	
Given Name (First Name) Tobias	2. Surname (Last Name) Magid	3. Effective Date (07-August-2008) 05-December-2011
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Intensive care of haematological patien 6. Manuscript Identifying Number (if you kn UFL-11-11-0539		
Section 2. The Work Under Co	onsideration for Publication	
Did you or your institution at any time r (including but not limited to grants, dat	eceive payment or services from a third party for an a monitoring board, study design, manuscript prep	ny aspect of the submitted work paration, statistical analysis, etc)?
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The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	1				×. ADD			
2. Consulting fee or honorarium	V				× ADD			
3. Support for travel to meetings for the study or other purposes	<u> </u>			F	X ADD			
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, and point committees, and the like	7				×			
5. Payment for writing or reviewing the manuscript	V				A50. × A00.			
Provision of writing assistance, medicines, equipment, or administrative support	V				× .			
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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
7. Other	7				ADD ×: ADD		

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 submission.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity Comments				
1, Board membership	Q			X				
2. Consultancy	V			ADD.				
3. Employment	V			× ADD				
4. Expert testimony	W.							
5. Grants/grants pending	U	Ţ		ADD ×				
6. Payment for lectures including service on speakers buteaus	¥			ADD.				
7. Payment for manuscript preparation			-	ADD:				

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	V				ADD ×
9. Royalties	Ø				ADD X ADD
10. Payment for development of educational presentations	W.		·		×
11. Stock/stock options	· 🔯				ADD × ADD
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13. Other (err on the side of full disclosure)					× ADD
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No other relationships/conditions, Yes, the following relationships/co					
At the time of manuscript acceptance, On occasion, journals may ask authors	, journals to discl	s will ask a ose furthe	authors to conf er information a	irm and, if necessary, upda bout reported relationshi	ate their disclosure statements. ps.
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1. Given Name (F Nicolai	irst Name)	2. Surname (Last Name) Haase	and the second s	3. Effective Date (07-August-2008) 05-December-2011
4. Are you the cor	rresponding author?	Yes No	Corresponding Author's Nat Tobias Magid	me
5. Manuscript Title Intensive care of	e f haematological patier	nts.		
6. Manuscript Ide UFL-11-11-0539	ntifying Number (if you k	now (t)		
Section 2.	The Work Under C	onsideration for Publi	cation	
Did you or your i (including but no	institution at any time i ot limited to grants, da	receive payment or service ta monitoring board, study	es from a third party for any y design, manuscript prepar	aspect of the submitted work ation, statistical analysis, etc)?
Complete each r "Add" button to	row by checking "No" o add a row. Excess row	r providing the requested s can be removed by clicki	information. If you have mong the "X" button.	ore than one relationship click the
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Money Money to Comments** Name of Entity Paid Your No to You Institution* 1. Grant 1 2. Consulting fee or honorarium 3. Support for travel to meetings for 1 the study or other purposes 4. Fees for participation in review activities such as data monitoring **V** boards, statistical analysis, end point committees, and the like 5. Payment for writing or reviewing \checkmark the manuscript 6. Provision of writing assistance.

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medicines, equipment, or

administrative support

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity Comments				
1. Board membership	V			×				
2. Consultaricy	V			ADD ADD				
3, Employment	V			× ·				
4. Expert testimony	V			ADD				
5. Grants/grants pending				X ADD				
6. Payment for lectures including service on speakers bureaus	Ø			×.				
7. Payment for manuscript preparation	V		Ü.	* * \(\)				

^{*}This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out:	fide abo		rod work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	V					ADD X
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10. Payment for development of educational presentations	y					×
11. Stock/stock options						ADD × ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	V					×
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* This means money that your institution is ** For example, if you report a consultancy	eceived t y above t	for your effo here is no n	orts. need to report tra	vel related to that consultanc	y on this line.	
Section 4. Other relationsh	ips	<i>a.</i> ,		in the second		M-1031411111
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✓ No other relationships/conditions, Yes, the following relationships/co						
At the time of manuscript acceptance, On occasion, journals may ask authors	journals to discl	s will ask a ose furthe	uthors to confi r information a	rm and, If necessary, updat bout reported relationship	e their disclosure stater s.	ments.

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Section 1. Identifying Inform	ation	
1. Given Name (First Name) Jakob	2. Surname (Last Name) Andersen	3. Effective Date (07-August-2008) 05-December-2011
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Tobias Magid
5. Manuscript Title Intensive care of haematological patient	ts.	
6. Manuscript Identifying Number (if you kn UFL-11-11-0539		

Section 2. The Work Under Consideration for Publication

Did you or your Institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	V				× ADD			
2. Consulting fee or honorarium	1				_ * /			
3. Support for travel to meetings for the study or other purposes	/				ADD X			
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	1				ADD.			
Payment for writing or reviewing the manuscript	√				ADD ×			
Provision of writing assistance, medicines, equipment, or administrative support	V				*			
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	V				×				
2. Consultancy	V				ADD. ADD.				
3. Employment	Ø				×				
4. Expert testimony	V				, X				
5. Grants/grants pending					× ADD				
Payment for lectures including service on speakers bureaus					. *				
7. Payment for manuscript préparation					ADD ×				

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
8. Patents (planned, pending or issued)						ADD ×			
9, Royalties	V					× ADD			
10. Payment for development of educational presentations						×			
11, Stock/stock options						ADD × ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						× ADD			
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No other relationships/conditions				and the second of the second	st .				

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.

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Section 1. Identifying Inform	nation	
Given Name (First Name) Ove	2. Surname (Last Name) Nielsen	3. Effective Date (07-August-2008) 05-December-2011
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Tobias Magid
5. Manuscript Title Intensive care of haematological patier	nts.	
6. Manuscript Identifying Number (if you kr UFL-11-11-0539	now it)	

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication									
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	1				× ADD				
2. Consulting fee or honorarium	✓		. 🗆		× ADD				
Support for travel to meetings for the study or other purposes	V				× ADD				
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	/				× ADD				
Payment for writing or reviewing the manuscript	\checkmark				X				
6. Provision of writing assistance, medicines, equipment, or administrative support Nielsen	V				×				
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The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution	Name of Entity	Comments**				
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution"	Entity Comments					
1. Board membership	V			× ADD					
2. Consultancy	V			× ADD					
3. Employment	U			· ×					
4. Expert testimony				X					
5. Grants/grants pending									
6. Payment for lectures including service on speakers bureaus				ADD X					
Payment for manuscript preparation				ADD. ×					

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^{**} Use this section to provide any needed explanation.



Relevant financial activities ou	tside the	submit	ted work	Transition .				
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution		Entity.		Commen	ts
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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.								
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Section 1. Identifying Inform	nation								
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4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Na Tobias Magid							
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The Work Under Consideration for Publication									
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
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2. Consulting fee or honorarium	V				×				
Support for travel to meetings for the study or other purposes	/				*				
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Payment for writing or reviewing the manuscript	V				× 100				
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1. Board membership	Q.				×				
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5. Grants/grants pending					*				
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7. Payment for manuscript preparation					(ADD)				

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Relevant financial activities out	side the	submit	ted work	Name of the original of the or		Paleigl			
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9. Royalties						ADD × ADD			
 Payment for development of educational presentations 						×			
11. Stock/stock options						ADD × ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						. × · .			
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* This means money that your institution r ** For example, if you report a consultancy	eceived for above th	or your effo nere is no n	orts. seed to report tra	evel related to that consu	ltancy on this line.				
Section 4. Other relationship	ips		Spell or Life						
Are there other relationships or activit potentially influencing, what you wrot				have influenced, or the	nat give the appearanc	e of			
	✓ No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):								
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