ICMJE DISCLOSURE FORM

Date	e: 8. september 2021		
You	r name: Francesco d'Am	ore	
Mar	nuscript title: Diagno	stik af Maligne Lymfomer / E	Behandling af Maligne Lymfomer
Mar	nuscript number (if known)):	
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plan	·	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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	item.		
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3 Royalties or licenses			

4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Nordic Nanovector Kyowa Kyrin Servier Pharmaceuticals	Only institutional account Only institutional account Only institutional account
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- financial interests	⊠ None	

Please place an "X" next to the following statement to indicate your agreement:

🛛 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Yo	ur name: Pete	r Kamper		
Ma	anuscript title:	Mali	gne lymfomer 2021	: (I) Diagnostik
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	following questionuscript only.	ns apply t	o the author's relationsh	ps/activities/interests as they relate to the <u>current</u>
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			port for the work reporte disclosure is the past 36	d in this manuscript without time limit. For all months.
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2	Grants or contract any entity (if not in item #1 above)	indicated	⊠ None	
3	Royalties or licen	alties or licenses	⊠ None	

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are related to the content of your manuscript. "Related" means any relation with for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure commitment to transparency and does not necessarily indicate a bias. If you are in doubt a list a relationship/activity/interest, it is preferable that you do so. The following questions apply to the author's relationships/activities/interests as they relationships activities/interests as they relationships for author's relationships/activities/interests should be defined broadly. For example, if you pertains to the epidemiology of hypertension, you should declare all relationships with manuscript antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time other items, the time frame for disclosure is the past 36 months. Name all entities with whom you have this Specifications/Comments (e.g., if payments were made to you	t or not-for-profit represents a about whether to the to the <u>current</u> our manuscript anufacturers of
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4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	⊠ None	
7	Support for attending	□ None	
'	meetings and/or travel	Gilead	
		Novartis	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Gilead	Roche
		Novartis	Celgene/BMS
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	⊠ None	
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non- financial interests	⊠ None	

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