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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)  
   Bulent

2. Surname (Last Name)  
   Antmen

3. Date  
   12-February-2016

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

5. Manuscript Title  
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Shashikant

2. Surname (Last Name)  
Apte

3. Date  
09-February-2016

4. Are you the corresponding author?  
☑ No  

Corresponding Author’s Name  
Flora Peyvandi

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

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1. Given Name (First Name)  
   Santiago

2. Surname (Last Name)  
   Bonanad Boix

3. Date  
   15-February-2016

4. Are you the corresponding author?  
   - No

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Dr. Bonanad Boix has nothing to disclose.

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<th>1. Given Name (First Name)</th>
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<td>2. Surname (Last Name)</td>
<td>Cerqueira</td>
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<td>3. Date</td>
<td>15-February-2016</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes [✔] No</td>
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<tr>
<td>5. Manuscript Title</td>
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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. Cerqueira reports grant support from Foundation Angelo Bianchi Bonomi, both during the conduct of the study and outside the submitted work.

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1. Given Name (First Name)  
   Amal

2. Surname (Last Name)  
   El Beshlawy

3. Date  
   03-February-2016

4. Are you the corresponding author?  
   [ ] Yes  ✔ No  
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   Flora Peyvandi

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Dr. El Beshlawy 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)
   Mohsen
2. Surname (Last Name)
   Elalfy
3. Date
   03-February-2016
4. Are you the corresponding author? 
   ✔ No

Corresponding Author’s Name
Flora Peyvandi

5. Manuscript Title
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)
   15-16437

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Peyman
2. Surname (Last Name)  Eshghi
3. Date  16-February-2016
4. Are you the corresponding author?  Yes  ✔  No
   Corresponding Author’s Name  Flora Peyvandi
5. Manuscript Title  A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A
6. Manuscript Identifying Number (if you know it)  15-16437

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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. Eshghi reports grant support from Fondazione Angelo Bianchi Bonomi during the conduct of the study; grant support from Fondazione Angelo Bianchi Bonomi, grant support, personal fees and non-financial support from Novo Nordisk and Aryogen, and personal fees and non-financial support from CSL Behring and Baxter outside the submitted work.
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Nadia

2. Surname (Last Name)  
   Ewing

3. Date  
   02-October-2015

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

   Corresponding Author’s Name  
   Flora Peyvandi

5. Manuscript Title  
   A Randomized Trial of Factor VIII Source and Neutralizing Antibodies in Severe Hemophilia A

6. Manuscript Identifying Number (if you know it)  
   15-16437

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Are there any relevant conflicts of interest?  
   Yes [ ]  
   No [x]

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Dr. Ewing reports personal fees from Baxter, Alpha Therapeutic, Novo Nordisk, Biogen Idec, and Bayer outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
Isabella

2. Surname (Last Name)  
Garagiola

3. Date  
29-September-2015

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Flora Peyvandi

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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

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Suresh</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Hanagavadi</td>
</tr>
<tr>
<td>3. Date</td>
<td>06-February-2016</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Flora Peyvandi</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A</td>
</tr>
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<td>6. Manuscript Identifying Number (if you know it)</td>
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## 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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## 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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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. Hanagavadi 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)  
Mehran

2. Surname (Last Name)  
Karimi

3. Date  
03-February-2016

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

Corresponding Author’s Name  
Flora Peyvandi

5. Manuscript Title  
A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
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Dr. Karimi 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)  
   Kaan

2. Surname (Last Name)  
   Kavakli

3. Date  
   08-February-2016

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

   Corresponding Author’s Name  
   Flora Peyvandi

5. Manuscript Title  
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
   15-16437

**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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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Baxalta</td>
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<td>☑</td>
<td>☐</td>
<td>Grant was related international clinical trial (BAX-111). Honoraria was related for speaking in Inhibitor symposiums. Non-financial support was related scientific congress attendance (WFH congress).</td>
</tr>
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<td>Bayer</td>
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<td>☑</td>
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<td>☐</td>
<td>Grant was related international clinical trial (Leopold-2). Honoraria was related Hemophilia care meetings. Non-financial support was related scientific congress attendance (ASH congress).</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td></td>
<td>Grant was related international clinical trial (GP-N8 study). Honoraria was related Advisory Board for Inhibitor prophylaxis. Non-financial support was related scientific congress attendance (ISTH congress).</td>
</tr>
<tr>
<td>Pfizer</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td>Grant was related international clinical trial (Benefix-1010 study). Honoraria was related for Domestic Hemophilia lectures. Non-financial support was related scientific congress attendance (EAHAD congress).</td>
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<td>Octopharma</td>
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<td>CSL Behring</td>
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<td></td>
<td>Grant related was international clinical trial (Single-chain FVIII trial).</td>
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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

Section 5. Relationships not covered above

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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. Kavakli reports grant support from Octapharma and CSL Behring, and grant support, personal fees and non-financial support from Baxalta, Bayer, Novo Nordisk, and Pfizer outside the submitted work.

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Kobrinsky
# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<th>2. Surname (Last Name)</th>
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<tr>
<td>Nathan</td>
<td>Kobrinsky</td>
<td>26-February-2016</td>
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<th>5. Manuscript Title</th>
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<tbody>
<tr>
<td>Yes</td>
<td>A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A</td>
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Are there any relevant conflicts of interest? 

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1. Given Name (First Name) Johnny
2. Surname (Last Name) Mahlangu
3. Date 18-March-2016
4. Are you the corresponding author? ✔ Yes
5. Manuscript Title
A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A
6. Manuscript Identifying Number (if you know it) 15-16437

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Dr. Mahlangu reports grant support and personal fees from Bayer, Biogen, CSL Berhing, Novo Nordisk, and Roche outside the submitted work.

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

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Dr. Majumdar 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)  
   Christoph

2. Surname (Last Name)  
   Male

3. Date  
   14-February-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name  
   Flora Peyvandi

5. Manuscript Title  
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
   15-16437

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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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

If yes, please fill out the appropriate information below.

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Dr. Male reports other support from Fondazione Angelo Bianchi Bonomi during the conduct of the study; grant support, personal fees, and non-financial support CSL Behring, and personal fees and non-financial support from Bayer, Biotest, Baxter, Novo Nordisk, and Pfizer outside the submitted work.
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1. Given Name (First Name)  Marilyn
2. Surname (Last Name)  Manco-Johnson
3. Date  22-March-2016
4. Are you the corresponding author?  ☑ No
5. Manuscript Title
A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A
6. Manuscript Identifying Number (if you know it)
15-16437

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Section 1. Identifying Information

1. Given Name (First Name) Maria Elisa
2. Surname (Last Name) Mancuso
3. Date 16-February-2016
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Flora Peyvandi
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

**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):

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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. Mancuso reports personal fees from Bayer Healthcare, Baxalta, CSL Behring, Pfizer, Novo Nordisk, and Sobi/Biogen Idec outside the submitted work.

**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)  
Mamta

2. Surname (Last Name)  
Manglani

3. Date  
16-February-2016

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

5. Manuscript Title  
A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
15-16437

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.

<table>
<thead>
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<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Provided Factor VIII for enrolled subjects</td>
</tr>
</tbody>
</table>

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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 publication.

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Dr. Manglani reports grant and other support from Sintesi Research Srl via Max Neeman during the conduct of the study.

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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)  
Pier Mannuccio

2. Surname (Last Name)  
Mannucci

3. Date  
04-February-2016

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

Corresponding Author’s Name  
Flora Peyvandi

5. Manuscript Title  
A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
15-16437

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

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Mannucci reports personal fees from Bayer, Grifols, Kedrion, 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)  
Monica

2. Surname (Last Name)  
Martinez

3. Date  
03-February-2016

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

Corresponding Author’s Name  
Flora Peyvandi

5. Manuscript Title  
A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
15-16437

Section 2. The Work Under Consideration for Publication

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Dr. Martinez 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) Esperanza
2. Surname (Last Name) Marzouka Butto
3. Date 18-February-2016

4. Are you the corresponding author? ☑ Yes

Corresponding Author’s Name
Flora Peyvandi

5. Manuscript Title
A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)
15-16437

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Dr. Marzouka Butto has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Maria Gabriella

2. Surname (Last Name)  
Mazzucconi

3. Date  
09-February-2016

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

5. Manuscript Title  
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15-16437

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes  ✔ No

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):

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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. Mazzucconi reports personal fees from Bayer, Baxter, Kedrion, Novo Nordisk, and Pfizer 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)**
   - Dinesh

2. **Surname (Last Name)**
   - Nayak

3. **Date**
   - 03-February-2016

4. **Are you the corresponding author?**
   - [ ] Yes
   - [X] No
   - **Corresponding Author’s Name**
     - Flora Peyvandi

5. **Manuscript Title**
   - A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. **Manuscript Identifying Number (if you know it)**
   - 15-16437

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- [X] No

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- [X] No
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Dr. Nayak has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Daniela

2. Surname (Last Name)  
   Neme

3. Date  
   02-February-2016

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

   Corresponding Author’s Name  
   Flora Peyvandi

5. Manuscript Title  
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
   15-16437

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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. Neme reports non-financial support from Fondazione A. Bianchi Bonomi during the conduct of the study; and personal fees from Novo Nordisk and Pfizer outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Tarek

2. Surname (Last Name)  
   Owaidah

3. Date  
   11-February-2016

4. Are you the corresponding author?  
   Yes  ☑  No

   Corresponding Author’s Name  
   Flora Peyvandi

5. Manuscript Title  
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2. Surname (Last Name) Palomo Bravo
3. Date 08-February-2016
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   Corresponding Author’s Name Flora Peyvandi
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
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<th>Rogelio Al</th>
<th>2. Surname (Last Name)</th>
<th>Paredes Aguilera</th>
<th>3. Date</th>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>☐ Yes</td>
<td>☑ No</td>
<td>Corresponding Author’s Name</td>
<td>Flora Peyvandi</td>
<td></td>
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<td>5. Manuscript Title</td>
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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

## 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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Dr. Paredes Aguilera has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Rosario

2. Surname (Last Name)  
   Perez Garrido

3. Date  
   02-August-2016

4. Are you the corresponding author?  
   ☒ No  
   Corresponding Author’s Name  
   Flora Peyvandi

5. Manuscript Title  
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

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Dr. Perez Garrido has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Flora

2. Surname (Last Name)  
   Peyvandi

3. Date  
   17-March-2016

4. Are you the corresponding author?  
   ✔ Yes   □ No

5. Manuscript Title  
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

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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. Peyvandi reports grant support from the Angelo Bianchi Bonomi Foundation and the Italian Ministry of Health during the conduct of the study; grant support from Alexion, grant support and personal fees from Biotest, Novo Nordisk, and Grifols, and personal fees from Ablynx, Octapharma, Sobi, CSL Behring, Bayer, LFB, and Kedrion outside the submitted work.

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Prezotti
Section 1. Identifying Information

1. Given Name (First Name)  
Alessandra

2. Surname (Last Name)  
Prezotti

3. Date  
09-February-2016

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Dr. Prezotti reports personal fees from Baxter and Novo Nordisk outside the submitted work.

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### ICMJE Form for Disclosure of Potential Conflicts of Interest

#### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vijay</td>
<td>Ramanan</td>
<td>01-October-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Flora Peyvandi

5. Manuscript Title  
A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
15-16437

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Are there any relevant conflicts of interest?  
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- [x] No

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

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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. Ramanan 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)  Frits Richard
2. Surname (Last Name)  Rosendaal
3. Date  09-February-2016
4. Are you the corresponding author?  No
5. Manuscript Title  A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A
6. Manuscript Identifying Number (if you know it)  15-16437

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)     2. Surname (Last Name)     3. Date
   Cecil                      Ross                      09-February-2016

4. Are you the corresponding author?  Yes  No
   ✔

5. Manuscript Title
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)
   15-16437

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   ✔

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Dr. Ross has nothing to disclose.

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Sachdeva
Section 1. Identifying Information

1. Given Name (First Name)  
   Anupam

2. Surname (Last Name)  
   Sachdeva

3. Date  
   23-February-2016

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Flora Peyvandi

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Adriana Carolina

2. **Surname (Last Name)**
   Sandoval Gonzalez

3. **Date**
   15-March-2016

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No
   
   **Corresponding Author’s Name**
   Flora Peyvandi

5. **Manuscript Title**
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. **Manuscript Identifying Number (if you know it)**
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Dr. Sandoval Gonzalez 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)  
   Elena

2. Surname (Last Name)  
   Santagostino

3. Date  
   07-February-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
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   No

If yes, please fill out the appropriate information below.

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<thead>
<tr>
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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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Santagostino reports grant support and personal fees from Pfizer, and personal fees from Novo Nordisk, Bayer, Baxalta, Sobi/Biogen Idec, Roche, Biomarin, Octapharma, Grifols, Kedrion, and CSL Behring outside the submitted work.
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Klaus

2. Surname (Last Name)  
   Schmitt

3. Date  
   03-February-2016

4. Are you the corresponding author?  
   Yes  
   No

   Corresponding Author’s Name  
   Flora Peyvandi

5. Manuscript Title  
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
   15-16437

### Section 2. The Work Under Consideration for Publication

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Dr. Schmitt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Tulika
2. Surname (Last Name)  Seth
3. Date  04-February-2016
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A
6. Manuscript Identifying Number (if you know it)
   15-16437

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  ✔  No
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Dr. Seth has nothing to disclose.

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Simpson
## Section 1. Identifying Information

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

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

3. **Date**  
   05-February-2016

4. **Are you the corresponding author?**  
   Yes

5. **Manuscript Title**  
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. **Manuscript Identifying Number (if you know it)**  
   15-16437

## Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)  Veronica
2. Surname (Last Name)  Soto Arellano
3. Date  16-February-2016
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Flora Peyvandi
5. Manuscript Title
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A
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Dr. Soto Arellano has nothing to disclose.

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### Section 1. Identifying Information

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<td>Thomas</td>
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<tr>
<td>Corresponding Author's Name</td>
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### 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

### 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 publication. Are there any relevant conflicts of interest? Yes ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ✔ No
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Dr. Thomas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ramabadran
2. Surname (Last Name) Varadarajan
3. Date 20-February-2016
4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author’s Name Flora Peyvandi

5. Manuscript Title A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it) 15-16437

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Dr. Varadarajan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Wicklund

3. Date  
   16-February-2016

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

   Corresponding Author’s Name  
   Flora Peyvandi

5. Manuscript Title  
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
   15-16437

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Dr. Wicklund reports personal fees from Baxalta, NovoNordisk, Bayer, and Biogen, and other support from the National Hemophilia Foundation and the American Thrombosis & Hemostasis Network outside the submitted work.

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1. Given Name (First Name)  Guy
2. Surname (Last Name)  Young
3. Date  02-February-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Flora Peyvandi
5. Manuscript Title
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A
6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name) Ezio
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Corresponding Author’s Name Flora Peyvandi

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Dr. Zanon has nothing to disclose.

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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”.

3. Relevant financial activities outside the submitted work.
   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.
   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.

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

5. Relationships not covered above.
   Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
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
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)  
   Osman Bulent

2. Surname (Last Name)  
   Zulfikar

3. Date  
   15-February-2016

4. Are you the corresponding author?  
   Yes ✗ No

   Corresponding Author’s Name  
   Flora Peyvandi

5. Manuscript Title  
   A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A

6. Manuscript Identifying Number (if you know it)  
   15-16437

## 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

## 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 publication.

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
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?

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

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

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

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

Dr. Zulfikar has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.