

## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
MIGUEL

2. Surname (Last Name)  
ALCOCEBA

3. Date  
21-November-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
M. Dolores Caballero

5. Manuscript Title

Unmet needs in histological transformation of follicular lymphoma: a clinical and biological review

6. Manuscript Identifying Number (if you know it)

AOL-17-13

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Dr. ALCOCEBA 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)

SARA

2. Surname (Last Name)

ALONSO-ALVAREZ

3. Date

30-June-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

M. Dolores Caballero

5. Manuscript Title

Unmet needs in histological transformation of follicular lymphoma: a clinical and biological review

6. Manuscript Identifying Number (if you know it)

AOL-17-13

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Dr. ALONSO-ALVAREZ has nothing to disclose.

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1. Given Name (First Name)

MARIA

2. Surname (Last Name)

GARCÍA-ALVAREZ

3. Date

30-June-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

M. Dolores Caballero

5. Manuscript Title

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ALEJANDRO

2. Surname (Last Name)

MARTIN

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30-June-2020

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Corresponding Author's Name

M. Dolores Caballero

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Dr. MARTIN has nothing to disclose.

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1. Given Name (First Name)  
MARIA DOLORES

2. Surname (Last Name)  
CABALLERO

3. Date  
30-June-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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