

## ICMJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Anna Lena van Gulik

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to 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 relate to the **current manuscript only**.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__X__ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

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.

## ICMJJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Ellen Sluydts

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

Manuscript number (if known): \_\_\_\_\_

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> Yes	

**Please summarize the above conflict of interest in the following box:**

CellCarta is a profit organization that performs services for Pharma companies.  
Ellen Sluydts is an employee of CellCarta

**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.

## ICMJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Liesbet Vervoort

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

Manuscript number (if known): \_\_\_\_\_

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> Yes	Expert panel member for Research Foundation – Flanders (FWO)
11	Stock or stock options	<input type="checkbox"/> Yes	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

CellCarta is a profit organization that performs services for Pharma companies.  
Liesbet Vervoort is global scientific lead and has stock options in CellCarta.

**Please place an “X” next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Mark Kockx

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

Manuscript number (if known): \_\_\_\_\_

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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> Yes	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> Yes	

**Please summarize the above conflict of interest in the following box:**

CellCarta is a profit organization that performs services for Pharma companies..  
 Mark Kockx is Chief Medical & Scientific officer and Shareholder of CellCarta

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

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



## ICMJJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Pim Kortman

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Bauke Ylstra

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

Manuscript number (if known): \_\_\_\_\_

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4	Consulting fees	__X__ None	

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## ICMJJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Stephen P Finn

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Lukas Bubendorf

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Idris Bahce

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Daoud Sie

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

Manuscript number (if known): \_\_\_\_\_

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## ICMJJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Teodora Radonic

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

Manuscript number (if known): \_\_\_\_\_

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

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## ICMJJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Birgit Lissenberg-Witte

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: July 08<sup>th</sup>, 2022

Your Name: Erik Thunnissen

Manuscript Title: False positivity in break apart fluorescence in-situ hybridization due to polyploidy

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