

## ICMJE 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)  
Muriel

2. Surname (Last Name)  
Meiring

3. Date  
17-November-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Challenges in the laboratory diagnosis and management of von Willebrand disease in South Africa

6. Manuscript Identifying Number (if you know it)  
AOB-17-24B

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

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Dr. Meiring has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Leriska

2. Surname (Last Name)

Haupt

3. Date

17-November-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Muriel Meiring

5. Manuscript Title

Challenges in the laboratory diagnosis and management of von Willebrand disease in South Africa

6. Manuscript Identifying Number (if you know it)

AOB-17-24B

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Dr. Haupt has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Charmainé	2. Surname (Last Name) Conradie	3. Date 17-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Muriel Meiring
5. Manuscript Title Challenges in the laboratory diagnosis and management of von Willebrand disease in South Africa		
6. Manuscript Identifying Number (if you know it) AOB-17-24B		

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Jaco

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Joubert

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Corresponding Author's Name

Muriel Meiring

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