

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Javier

2. Surname (Last Name)
Batlle

3. Date
22-November-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Diagnosis and management of von willebrand disease in Spain

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

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Grant Shire H16-32544

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Dr. Battle reports and Grant Shire H16-32544.

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Section 1. Identifying Information

1. Given Name (First Name) Almudena	2. Surname (Last Name) Pérez Rodríguez	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

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Dr. Pérez Rodríguez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Irene	2. Surname (Last Name) Corrales	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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Dr. Corrales has nothing to disclose.

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1. Given Name (First Name) Nina	2. Surname (Last Name) Borràs	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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1. Given Name (First Name) Angela	2. Surname (Last Name) Rodríguez Trillo	3. Date 22-November-2017
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1. Given Name (First Name) Esther	2. Surname (Last Name) Lourés	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

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

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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Section 6. Disclosure Statement

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Dr. Lourés 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) Ana Rosa	2. Surname (Last Name) Cid	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Cid has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Santiago	2. Surname (Last Name) Bonanad	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

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Section 4. Intellectual Property -- Patents & Copyrights

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Royalties: Funds are coming in to you or your institution due to your

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Noelia	2. Surname (Last Name) Cabrera	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Cabrera 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) Andrés	2. Surname (Last Name) Moret	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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Dr. Moret has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Rafael

2. Surname (Last Name)
Parra

3. Date
22-November-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Javier Batlle

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Parra 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)
María Eva

2. Surname (Last Name)
Mingot Castellano

3. Date
22-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Javier Batlle

5. Manuscript Title
Diagnosis and management of von willebrand disease in Spain

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

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Mingot Castellano 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) Nira	2. Surname (Last Name) Navarro	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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Dr. Navarro 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) Carmen	2. Surname (Last Name) Altisent	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rocío

2. Surname (Last Name)
Pérez Montes

3. Date
22-November-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Javier Batlle

5. Manuscript Title
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Dr. Pérez Montes has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Shally	2. Surname (Last Name) Marcellini	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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1. Given Name (First Name) Ana	2. Surname (Last Name) Moretó	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Moretó 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) Sonia	2. Surname (Last Name) Herrero	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

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Are there any relevant conflicts of interest? Yes No

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Dr. Herrero 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) Inmaculada	2. Surname (Last Name) Soto	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nuria	2. Surname (Last Name) Fernández Mosteirín	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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Dr. Fernández Mosteirín 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) Víctor	2. Surname (Last Name) Jiménez Yuste	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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Dr. Jiménez Yuste 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) Nieves	2. Surname (Last Name) Alonso	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
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Dr. Alonso 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)

Aurora

2. Surname (Last Name)

de Andrés y Jacob

3. Date

22-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Javier Batlle

5. Manuscript Title

Diagnosis and management of von willebrand disease in Spain

6. Manuscript Identifying Number (if you know it)

AOB-17-24A

Section 2. The Work Under Consideration for Publication

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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

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. de Andrés y Jacob 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) Emilia	2. Surname (Last Name) Fontanes	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

Section 2. The Work Under Consideration for Publication

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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

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Dr. Fontanes 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) Rosa	2. Surname (Last Name) Campos	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

Section 2. The Work Under Consideration for Publication

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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. Campos 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) María José	2. Surname (Last Name) Paloma	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Paloma 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) Nuria	2. Surname (Last Name) Bermejo	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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Dr. Bermejo 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) Rubén	2. Surname (Last Name) Berrueco	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
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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

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Section 6. Disclosure Statement

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Dr. Berrueco 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) José	2. Surname (Last Name) Mateo	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Dr. Mateo 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) Karmele	2. Surname (Last Name) Arribalzaga	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Arribalzaga 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) Pascual	2. Surname (Last Name) Marco	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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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

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Dr. Marco 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) Angeles	2. Surname (Last Name) Palomo	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Nerea	2. Surname (Last Name) Castro Quismodo	3. Date 22-November-2017
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Dr. Castro Quismodo has nothing to disclose.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Belén	2. Surname (Last Name) Iñigo	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

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

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

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Section 6. Disclosure Statement

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Dr. Iñigo 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) María del Mar	2. Surname (Last Name) Nieto	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

Section 2. The Work Under Consideration for Publication

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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. Nieto 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)

Rosa

2. Surname (Last Name)

Vidal

3. Date

22-November-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Javier Batlle

5. Manuscript Title

Diagnosis and management of von willebrand disease in Spain

6. Manuscript Identifying Number (if you know it)

AOB-17-24A

Section 2. The Work Under Consideration for Publication

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Vidal has nothing to disclose.

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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)
Maria Paz

2. Surname (Last Name)
Martínez

3. Date
22-November-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Javier Batlle

5. Manuscript Title
Diagnosis and management of von willebrand disease in Spain

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

Section 2. The Work Under Consideration for Publication

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Martínez 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) Reyes	2. Surname (Last Name) Aguinaco	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

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Dr. Aguinaco 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) María	2. Surname (Last Name) Tenorio	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
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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

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

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Dr. Tenorio 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) María	2. Surname (Last Name) Ferreiro	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

Section 2. The Work Under Consideration for Publication

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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

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Dr. Ferreiro 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) Javier	2. Surname (Last Name) García Frade	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. García Frade has nothing to disclose.

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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) Ana María	2. Surname (Last Name) Rodríguez Huerta	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

Section 2. The Work Under Consideration for Publication

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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

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

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Dr. Rodríguez Huerta 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) Jorge	2. Surname (Last Name) Cuesta	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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Dr. Cuesta 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) Ramón	2. Surname (Last Name) Rodríguez González	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
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Dr. Rodríguez González has nothing to disclose.

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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) Faustino	2. Surname (Last Name) García Candel	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

Section 2. The Work Under Consideration for Publication

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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

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. García Candel 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) Manuela	2. Surname (Last Name) Dobón	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

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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

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. Dobón 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) Carlos	2. Surname (Last Name) Aguilar	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
6. Manuscript Identifying Number (if you know it) AOB-17-24A		

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Dr. Aguilar 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) Fernando	2. Surname (Last Name) Batlle López	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
5. Manuscript Title Diagnosis and management of von willebrand disease in Spain		
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Dr. Batlle López 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)
Francisco

2. Surname (Last Name)
Vidal

3. Date
22-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Javier Batlle

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Grants Shire H16-32544 and H13-000845
Ministerio de Economía y Competitividad grant PI12/01494
Ministerio de Economía y Competitividad grant PI15/01643
Ministerio de Economía y Competitividad grant RD12/0042/0053

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Dr. Vidal reports and Grants Shire H16-32544 and H13-000845
Ministerio de Economía y Competitividad grant PI12/01494
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) María Fernanda	2. Surname (Last Name) López Fernández	3. Date 22-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Batlle
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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

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Dr. López Fernández has nothing to disclose.

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