

## 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)  
David

2. Surname (Last Name)  
Schmidt

3. Date  
18-December-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Intravenous Immunoglobulins (IVIg) in Childhood Immune Thrombocytopenia: Towards Personalized Medicine – A Narrative Review.

6. Manuscript Identifying Number (if you know it)  
AOB-20-59

### 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. Schmidt 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)

Katja

2. Surname (Last Name)

Heitink-Polle

3. Date

18-December-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Schmidt

5. Manuscript Title

Intravenous Immunoglobulins (IVIg) in Childhood Immune Thrombocytopenia: Towards Personalized Medicine – A Narrative Review.

6. Manuscript Identifying Number (if you know it)

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Dr. Heitink-Polle has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Marrie	2. Surname (Last Name) Bruin	3. Date 18-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Schmidt
5. Manuscript Title Intravenous Immunoglobulins (IVIg) in Childhood Immune Thrombocytopenia: Towards Personalized Medicine – A Narrative Review.		
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Masja

2. Surname (Last Name)  
de Haas

3. Date  
18-December-2020

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Yes  No

Corresponding Author's Name  
Schmidt

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Dr. de Haas has nothing to disclose.

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