ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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<tbody>
<tr>
<td>PIERRE</td>
<td>BRISSOT</td>
<td>24-June-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [X] Yes  
   - [ ] No

5. Manuscript Title
   - Laboratory medicine and iron overload: diagnostic and therapeutic aspects

6. Manuscript Identifying Number (if you know it)
   - JLPM-2019-IM-01

### 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.)?

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   - [X] No

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Dr. BRISSOT has nothing to disclose.

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   Eolia

2. Surname (Last Name)  
   BRISSOT

3. Date  
   24-June-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Pr

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Section 1. Identifying Information

1. Given Name (First Name)  Olivier
2. Surname (Last Name)  Loréal
3. Date  24-June-2020
4. Are you the corresponding author?  Yes  No  ✔
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Laboratory medicine and iron overload: diagnostic and therapeutic aspects
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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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<th>Comments</th>
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<td>✔</td>
<td></td>
<td>✔</td>
<td>Cofounder and shareholder</td>
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1. Given Name (First Name)  
   Martine

2. Surname (Last Name)  
   Ropert

3. Date  
   24-June-2020

4. Are you the corresponding author?  
   Yes ☑  No

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