

## 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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#### 4. Intellectual Property.

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

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**Pending:** The patent has been filed but not issued

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sip	2. Surname (Last Name) Dinkla	3. Date 25-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giel Bosman
5. Manuscript Title Inflammation-associated changes in lipid composition and the organization of the erythrocyte membrane		
6. Manuscript Identifying Number (if you know it) BBACLIN-D-16-00004R1		

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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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Dinkla has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Lucas

2. Surname (Last Name)  
van Eijk

3. Date  
25-April-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Giel Bosman

5. Manuscript Title

Inflammation-associated changes in lipid composition and the organization of the erythrocyte membrane

6. Manuscript Identifying Number (if you know it)

BBACLIN-D-16-00004R1

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Dr. van Eijk has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Beate	2. Surname (Last Name) Fuchs	3. Date 25-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giel Bosman
5. Manuscript Title Inflammation-associated changes in lipid composition and the organization of the erythrocyte membrane		
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Dr. Fuchs 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)  
Jürgen

2. Surname (Last Name)  
Schiller

3. Date  
25-April-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Giel Bosman

5. Manuscript Title

Inflammation-associated changes in lipid composition and the organization of the erythrocyte membrane

6. Manuscript Identifying Number (if you know it)

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Dr. Jürgen Schiller has nothing to disclose.

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1. Given Name (First Name) Irma	2. Surname (Last Name) Joosten	3. Date 25-April-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Giel Bosman
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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Radboud university Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutricia Research Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dutch Kidney Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EU COST AFACCT BM 1305	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	travel and stay

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Joosten reports grants from Radboud university Medical Center, grants from Nutricia Research Foundation, grants from Dutch Kidney Foundation, other from EU COST AFACCT BM 1305, outside the submitted work; .

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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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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Roland	2. Surname (Last Name) Brock	3. Date 28-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giel Bosman
5. Manuscript Title Inflammation-associated changes in lipid composition and the organization of the erythrocyte membrane		
6. Manuscript Identifying Number (if you know it) BBACLIN-D-16-00004R1		

### 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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Brock 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)  
Peter

2. Surname (Last Name)  
Pickkers

3. Date  
26-April-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Giel Bosman

5. Manuscript Title

Inflammation-associated changes in lipid composition and the organisation of the ery-membrane

6. Manuscript Identifying Number (if you know it)

BBACLIN-D-16-00004R1

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No relevant disclosures

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1. Given Name (First Name)  
Giel

2. Surname (Last Name)  
Bosman

3. Date  
26-April-2016

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