

Al-Sawaf O, Lilienweiss E, Bahlo J, et al. High efficacy of venetoclax plus obinutuzumab in patients with complex karyotype and chronic lymphocytic leukemia. *Blood*. 2020;135(11):866-870.

In "Acknowledgments" on page 869, an acknowledgment of support from the Deutsche José Carreras Leukämie-Stiftung (grant 23 R/2017) was omitted. The error has been corrected in the online version of the article.

DOI 10.1182/blood.2022015745

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Farley A, Lloyd S, Dayton M, Biben C, Stonehouse O, Taoudi S. Severe thrombocytopenia is sufficient for fetal and neonatal intracerebral hemorrhage to occur. *Blood*. 2021;138(10):885-897.

A number of errors in the figure legends were inadvertently introduced during the publication process. The legend to Figure 4 is duplicated below Figure 5; the legend to Figure 5 is printed as the legend to Figure 6, and the legend to Figure 6 (along with a description of the color key for Figure 7E) is printed as the legend to Figure 7.

Page 892: The legend for Figure 5 should read:

Figure 5. Timed induction of in utero thrombocytopenia. (A) Experimental scheme: mice were injected with anti-GP1b α or IgG control antibodies between E10.5 and E17.5 and analyzed at 6 hours and 48 hours after injection for platelet numbers and hemorrhage phenotypes. (B) Quantification of circulating platelets as a percentage of peripheral blood at 6 hours after injection at E10.5 to E17.5. (C) Images of embryos 6 hours after treatment (E12.5: IgG n = 12, GP1b α n = 15; E14.5: IgG n = 18, GP1b α n = 17; E16.5: IgG n = 14, GP1b α n = 12; E17.5: IgG n = 16, GP1b α n = 8). Scale bars, 1 mm. (D) Circulating platelets 48 hours posttreatment. (E) E10.5 to E16.5 embryos 48 hours and E17.5 embryos 24 hours posttreatment (E10.5: IgG n = 16, GP1b α n = 8; E12.5: IgG n = 12, GP1b α n = 17; E14.5: IgG n = 17, GP1b α n = 16; E16.5: IgG n = 18, GP1b α n = 14; E17.5: IgG n = 17, GP1b α n = 14). Scale bars, 1 mm. (B,D) Data are represented as mean \pm SD and analyzed using the Student t test (2-way, unpaired). **** P < .0001. Ab, antibody. Yellow arrows indicate sites of hemorrhage.

Page 894: The legend for Figure 6 should read:

Figure 6. Identification of a spatial pattern of ICH. (A) Representative images of E10.5 to E17.5 heads and brains 48 hours after treatment with anti-GP1b α or IgG (scale bars, 1 mm). (B) Frequency of hemorrhage in the ganglionic eminence (GE) and the cortex of treated E10.5 to E17.5 mice after 48 hours (E10.5: IgG n = 16, GP1b α n = 8; E12.5: IgG n = 12, GP1b α n = 17; E14.5: IgG n = 17, GP1b α n = 16; E16.5: IgG n = 18, GP1b α n = 14; E17.5: IgG n = 17, GP1b α n = 14). Total number of mice with ICH is provided in parentheses. (C) Frequency of hemorrhage in the GE and the cortex of treated E10.5 to E17.5 mice after 6 hours (E10.5: IgG n = 8, GP1b α n = 8; E12.5: IgG n = 9, GP1b α n = 8; E14.5: IgG n = 7, GP1b α n = 8; E16.5: IgG n = 7, GP1b α n = 14; E17.5: IgG n = 6, GP1b α n = 11). Total number of mice with ICH is provided in parentheses. (D) Representative images of hemorrhage in E14.5 (IgG n = 6, GP1b α n = 7) and E17.5 (IgG n = 4, GP1b α n = 6) embryos 6 hours posttreatment (scale bars, 1 mm). Yellow arrows indicate sites of hemorrhage.

Page 895: The legend for Figure 7 should read:

Figure 7. Induction of thrombocytopenia in neonates results in cerebellar hemorrhage. (A) (i) Image highlighting the facial vein of a P1 mouse used to deliver anti-GP1b α and IgG control antibodies. (ii) Representative flow cytometry plots of P1 peripheral blood stained with markers of erythrocytes (TER119) and platelets (CD41). (iii) Quantification of circulating platelets at 6 hours (IgG n = 8, GP1b α n = 8) and 48 hours (IgG n = 4, GP1b α n = 4) posttreatment. (B) Representative image of a P1 neonate 48 hours after treatment with anti-GP1b α (n = 7 embryos). Yellow arrows indicate sites of hemorrhage. (C) (i-iii) Representative images of brains 6 hours (IgG n = 8, GP1b α n = 8) and 48 hours (IgG n = 4, GP1b α n = 4) posttreatment. Yellow arrows indicate sites of cortical hemorrhage; the blue arrow highlights cerebellar hemorrhage (scale bars, 1 mm). (D) Coronal sections of cerebellum 48 hours posttreatment (bars, 1 mm). (E) Frequency of cerebellar hemorrhage in mice treated at

The publisher apologizes for the errors, which have been corrected in the online version of the article.

DOI 10.1182/blood.2022016754

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