ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

3. Relevant financial activities outside the submitted work.

4. Intellectual Property.

5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  
Ko-Ting

2. Surname (Last Name)  
Chen

3. Date  
30-March-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Kuo-Chen Wei

5. Manuscript Title  
Neuronavigation-Guided Focused Ultrasound (NaviFUS) for Transcranial Blood-Brain Barrier Opening in Recurrent Glioblastoma Patients: Clinical Trial Protocol

6. Manuscript Identifying Number (if you know it)  
ATM-20-344

Section 2. The Work Under Consideration for Publication

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☑ Yes  ☐ No

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Dr. Chen has nothing to disclose.

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1. Given Name (First Name)  
   Ya-Jui

2. Surname (Last Name)  
   Lin

3. Date  
   30-March-2020

4. Are you the corresponding author?  
   [ ] Yes  ✔ [ ] No  
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   Kuo-Chen Wei

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Wen-Yen

2. **Surname (Last Name)**
   - Chai

3. **Date**
   - 30-March-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Neuronavigation-Guided Focused Ultrasound (NaviFUS) for Transcranial Blood-Brain Barrier Opening in Recurrent Glioblastoma Patients: Clinical Trial Protocol

6. **Manuscript Identifying Number (if you know it)**
   - ATM-20-344

7. **Corresponding Author's Name**
   - Kuo-Chen Wei

## Section 2. The Work Under Consideration for Publication

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Chia-Jung  
2. Surname (Last Name)  
   Lin  
3. Date  
   30-March-2020

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

Corresponding Author’s Name  
Kuo-Chen Wei

5. Manuscript Title  
Neuronavigation-Guided Focused Ultrasound (NaviFUS) for Transcranial Blood-Brain Barrier Opening in Recurrent Glioblastoma Patients: Clinical Trial Protocol

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|---------------------------|-------------------------|---------|
| Pin-Yuan                  | Chen                    | 30-March-2020 |

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Corresponding Author's Name
Kuo-Chen Wei

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|-----------------------------|-------------------------|--------------------------|
| Chiung-Yin                  | Huang                   | 30-March-2020            |

4. Are you the corresponding author?  
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   - No ✔

**Corresponding Author’s Name**  
Kuo-Chen Wei

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ATM-20-344

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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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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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Huang has nothing to disclose.

Evaluation and Feedback

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**Identifying information.**

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**Intellectual Property.**

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

**Relationships not covered above.**

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**Definitions.**

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

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

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)**
   - Jonh. S.

2. **Surname (Last Name)**
   - Kuo

3. **Date**
   - 30-March-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Neuronavigation-Guided Focused Ultrasound (NaviFUS) for Transcranial Blood-Brain Barrier Opening in Recurrent Glioblastoma Patients: Clinical Trial Protocol

6. **Manuscript Identifying Number (if you know it)**
   - ATM-20-344

**Corresponding Author's Name**
- Kuo-Chen Wei

## 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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- Yes
- No

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- Yes
- No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kuo has nothing to disclose.

Evaluation and Feedback

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Hao-Li

2. Surname (Last Name)  
   Liu

3. Date  
   30-March-2020

4. Are you the corresponding author?  
   No ✔

5. Manuscript Title  
   Neuronavigation-Guided Focused Ultrasound (NaviFUS) for Transcranial Blood-Brain Barrier Opening in Recurrent Glioblastoma Patients: Clinical Trial Protocol

6. Manuscript Identifying Number (if you know it)  
   ATM-20-344

### Corresponding Author's Name

Kuo-Chen Wei

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Are there any relevant conflicts of interest?  
Yes ✔  No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| NaviFUS                     |        |                | ✓                      |        | HL Liu serves as a technical consultant and has ownership in NaviFUS Inc. |

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Dr. Liu reports non-financial support from NaviFUS, during the conduct of the study.

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1. Given Name (First Name)  
   Kuo-Chen

2. Surname (Last Name)  
   Wei

3. Date  
   30-March-2020

4. Are you the corresponding author?  
   ✔ Yes  ❌ No

5. Manuscript Title  
   Neuronavigation-Guided Focused Ultrasound (NaviFUS) for Transcranial Blood-Brain Barrier Opening in Recurrent Glioblastoma Patients: Clinical Trial Protocol

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