ICMJE Form for Disclosure of Potential Conflicts of Interest

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Hanz
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Samuel

2. **Surname (Last Name)**  
   Hanz

3. **Date**  
   19-March-2020

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

5. **Manuscript Title**  
   Clinical trials using molecular stratification of pediatric brain tumors

6. **Manuscript Identifying Number (if you know it)**  
   TP-2019-PBT-02

### 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 |
|-----|----|
|     | ✔  |

### Section 3. Relevant financial activities outside the submitted work.

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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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### Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date       |
|---------------------------|------------------------|--------------|
| Oluwaseyi                 | Adeuyan                | 19-March-2020|

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

5. Manuscript Title
   Clinical trials using molecular stratification of pediatric brain tumors

6. Manuscript Identifying Number (if you know it)
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- No [✓]

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Are there any relevant conflicts of interest?  
- Yes
- No [✓]

### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Ms. Adeuyan has nothing to disclose.

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Grace                     | Lieberman              | 19-March-2020 |

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

5. Manuscript Title  
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**Section 1. Identifying Information**

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Tammy

2. Surname (Last Name)  
Hennika

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19-March-2020

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