ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name)  Torsten
2. Surname (Last Name)  Blum
3. Date  20-April-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Autoimmune Disorders and Paraneoplastic Syndromes in Thymoma

6. Manuscript Identifying Number (if you know it)
JTD-2019-THYM-10

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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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. Blum has nothing to disclose.

Evaluation and Feedback

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Blum
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Daniel

2. Surname (Last Name)  
Misch

3. Date  
20-April-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Torsten Blum

5. Manuscript Title  
Autoimmune Disorders and Paraneoplastic Syndromes in Thymoma

6. Manuscript Identifying Number (if you know it)  
JTD-2019-THYM-10

Section 2. The Work Under Consideration for Publication

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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. Misch has nothing to disclose.

20/04/2020

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jens

2. Surname (Last Name)  
   Kollmeier

3. Date  
   20-April-2020

4. Are you the corresponding author?  
   ✔️ No  
   Corresponding Author's Name  
   Torsten Blum

5. Manuscript Title  
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Dr. Kollmeier has nothing to disclose.

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Kollmeier
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sebastian

2. Surname (Last Name)  
   Thiel

3. Date  
   20-April-2020

4. Are you the corresponding author?  
   ☑️ No  
   Corresponding Author’s Name  
   Torsten Blum

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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   ☑️ No

Thiel
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Dr. Thiel has nothing to disclose.

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Bauer
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Torsten
2. Surname (Last Name) Bauer
3. Date 20-April-2020

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name
   Torsten Blum

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Prof. Dr. Bauer has nothing to disclose.

Evaluation and Feedback

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