

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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

Mishra 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Nitish		2. Surname (Last Name) Mishra		3. Date 18-March-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Dr. Chittibabu Guda	е
5. Manuscript Title Prognostic value of biomarkers in the tumor microenvironment of pancreatic ductal adenocarcinoma		cinoma		
6. Manuscript Ident ATM-20-1794	tifying Number (if you kn	ow it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the su statistical analysis, e	bmitted work (including	but not limited to grants, da	a third party (government, comr eta monitoring board, study desig	mercial, private foundation, etc.) for gn, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo				
Section 4.				
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any p	patents, whether planr	ned, pending or issued, br	roadly relevant to the work?	☐ Yes 🕡 No

Mishra 2



Section 5.			
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.			
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Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Mishra has n	othing to disclose.		

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Southekal 1



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1. Given Name (First Name) Siddesh	2. Surname (Last Name) Southekal	3. Date 18-March-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dr. Chittibabu Guda		
5. Manuscript Title Prognostic value of biomarkers in the tumor microenvironment of pancreatic ductal adenocarcinoma				
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Southekal 2



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Guda 1



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