

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. 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".

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

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

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**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)

Kami

2. Surname (Last Name)

Schneider

3. Date

28-April-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Germline Predisposition to Genitourinary Rhabdomyosarcoma

6. Manuscript Identifying Number (if you know it)

TAU-2019-PUM-10(TAU-20-76)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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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

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Ms. Schneider has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Nicholas	2. Surname (Last Name) Cost	3. Date 28-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kami Schneider
5. Manuscript Title Germline Predisposition to Genitourinary Rhabdomyosarcoma		
6. Manuscript Identifying Number (if you know it) TAU-2019-PUM-10(TAU-20-76)		

### Section 2. The Work Under Consideration for Publication

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Cost has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kris Ann

2. Surname (Last Name)  
Schultz

3. Date  
02-May-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Kami Schneider

5. Manuscript Title  
Germline Predisposition to Genitourinary Rhabdomyosarcoma

6. Manuscript Identifying Number (if you know it)  
TAU-2019-PUM-10(TAU-20-76)

### Section 2. The Work Under Consideration for Publication

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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
Pine Tree Apple Classic Fund/Children's Minnesota Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	philanthropic support for DICER1-related research (not specific to this work)
Rein in Sarcoma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	did not specifically support this work but provides protected time in general

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Dr. Schultz reports grants from Pine Tree Apple Classic Fund/Children's Minnesota Foundation, grants from Rein in Sarcoma, from null, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Shayna	2. Surname (Last Name) Svihovec	3. Date 28-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kami Schneider
5. Manuscript Title Germline Predisposition to Genitourinary Rhabdomyosarcoma		
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Ms. Svihovec has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alexandra	2. Surname (Last Name) Suttman	3. Date 29-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kami Schneider
5. Manuscript Title Predisposition to Genitourinary Rhabdomyosarcoma		
6. Manuscript Identifying Number (if you know it) TAU-2019-PUM-10		

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