

## 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)  
David M

2. Surname (Last Name)  
McDermott

3. Date  
07-July-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Malcolm D Mattes

5. Manuscript Title  
Patterns of Palliative Care Consultation among Patients with Brain Metastasis: An Opportunity for Radiation Oncologists to Facilitate Earlier Referral

6. Manuscript Identifying Number (if you know it)

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Dr. McDermott has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)

Ashlee

2. Surname (Last Name)

Seldomridge

3. Date

07-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Malcolm D Mattes

5. Manuscript Title

Patterns of Palliative Care Consultation among Patients with Brain Metastasis: An Opportunity for Radiation Oncologists to Facilitate Earlier Referral

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Malcolm

2. Surname (Last Name)  
Mattes

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07-July-2020

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