

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.

The work under consideration for publication.

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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.

Relationships not covered above.

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

Becnel 1



| Section 1. Identifying Inform | nation | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------|--|--|
| 1. Given Name (First Name) Melody | 2. Surname (Last Name) Becnel | 3. Date 26-October-2017 | | |
| 4. Are you the corresponding author? | ✓ Yes No | | | |
| 5. Manuscript Title Disparities in lymphoma on the basis o | f race, gender, HIV status, and sexual orientation | | | |
| 6. Manuscript Identifying Number (if you k AOL-17-4 | now it) | | | |
| | | | | |
| Section 2. The Work Under C | onsideration 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 Vo | | | | |
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| Section 4. Intellectual Prope | | | | |
| Intellectual Prope | rty Patents & Copyrights | | | |
| Do you have any patents, whether plan | ned, pending or issued, broadly relevant to the worl | k? ☐ Yes 🗸 No | | |

Becnel 2



| Section 5. Relationships not sovered above |
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| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Becnel has nothing to disclose. |

Evaluation and Feedback

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Flowers 1



| Section 1. | dentifying Inform | ation | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------|----------------------------------------------|----------------------|
| 1. Given Name (First Christopher R. | Name) | 2. Surname (Last Name) Flowers | | Date October-2017 |
| 4. Are you the corres | ponding author? | Yes ✓ No | Corresponding Author's Name Melody Becnel | |
| 5. Manuscript Title Disparities in lympl | homa on the basis of | race, gender, HIV status, a | and sexual orientation | |
| 6. Manuscript Identif AOL-17-4 | fying Number (if you kno | ow it) | | |
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Nastoupil 1



| Section 1. | Identifying Inform | ation | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|----------------------------------------------|--|
| 1. Given Name (Firs Loretta J. | st Name) | 2. Surname (Last Name) Nastoupil | 3. Date 26-October-2017 | |
| 4. Are you the corre | esponding author? | Yes ✓ No | Corresponding Author's Name Melody Becnel | |
| 5. Manuscript Title Disparities in lymp | phoma on the basis of | race, gender, HIV status, a | nd sexual orientation | |
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Nastoupil 2



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