

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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4. Intellectual Property.

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

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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) Charlotte	2. Surname (Last Name) Rivers	3. Date 11-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
5. Manuscript Title Intravenous fluids for pain management in head and neck cancer patients undergoing chemoradiation		
6. Manuscript Identifying Number (if you know it)		

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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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Rivers 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)

Austin

2. Surname (Last Name)

Iovoli

3. Date

11-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Anurag K. Singh, MD

5. Manuscript Title

Intravenous fluids for pain management in head and neck cancer patients undergoing chemoradiation

6. Manuscript Identifying Number (if you know it)

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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☒ No

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Mr. Iovoli 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) Udit	2. Surname (Last Name) Chatterjee	3. Date 10-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anurag K. Singh, MD
5. Manuscript Title Intravenous fluids for pain management in head and neck cancer patients undergoing chemoradiation		
6. Manuscript Identifying Number (if you know it) _____		

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Chatterjee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Hermann	3. Date 11-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anurag K. Singh, MD
5. Manuscript Title Intravenous fluids for pain management in head and neck cancer patients undergoing chemoradiation		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Hermann 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)

Anurag

2. Surname (Last Name)

Singh

3. Date

11-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Intravenous fluids for pain management in head and neck cancer patients undergoing chemoradiation

6. Manuscript Identifying Number (if you know it)

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Dr. Singh has nothing to disclose.

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