

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.

1. Identifying information.

2. The work under consideration for publication.

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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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Section 1. Ide	entifying Infor	mation		
 Given Name (First Na Haris Are you the correspondence 		2. Surname (Last Name) Hatic Yes ✓ No	Corresponding Author's Nar Gaurav Goyal	3. Date 28-September-2020 me
5. Manuscript Title Review: Immune Che	ckpoint Inhibitor	s in Lymphoma		

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration 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.)?

🖌 No

Are there any relevant conflicts of interest?	1	Yes
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	\checkmark	No
	1 1			



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Dr. Hatic has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Devi	rst Name)	2. Surname (Last Name) Sampat		3. Date 28-September-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Gaurav Goyal	me
5. Manuscript Title Review: Immune	e e Checkpoint Inhibito	rs in Lymphoma		

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Section 1		
Section 1. Iden	tifying Information	
1. Given Name (First Name Gaurav	e) 2. Surname (Last Name) Goyal	3. Date 19-September-2020
4. Are you the correspond	ling author? 🖌 Yes 🗌 No	
5. Manuscript Title Immune Checkpoint Inl	hibitors in Lymphoma: Challenges and Opportunit	ies
6. Manuscript Identifying	Number (if you know it)	
Section 2. The V	Nork Under Consideration for Publication	
any aspect of the submitte statistical analysis, etc.)?	ed work (including but not limited to grants, data monito	arty (government, commercial, private foundation, etc.) for pring board, study design, manuscript preparation,
Are there any relevant c	onflicts of interest? Yes 🖌 No	
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