

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Petra

2. Surname (Last Name)

Sprik

3. Date

05-August-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Religious/Spiritual Concerns in Patients with Brain Cancer and Their Caregivers

6. Manuscript Identifying Number (if you know it)

APM-2019-PCNO-06(APM-20-813).

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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Dr. Sprik 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)

Beba

2. Surname (Last Name)

Tata

3. Date

03-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Petra Sprik

5. Manuscript Title

Religious/Spiritual Concerns in Patients with Brain Cancer and Their Caregivers

6. Manuscript Identifying Number (if you know it)

APM-2019-PCNO-06(APM-20-813).

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Are there any relevant conflicts of interest?

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Identifying Information

1. Given Name (First Name)

Brian

2. Surname (Last Name)

Kelly

3. Date

03-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Petra Sprik

5. Manuscript Title

Religious/Spiritual Concerns in Patients with Brain Cancer and Their Caregivers

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Section 1.

Identifying Information

1. Given Name (First Name)

George

2. Surname (Last Name)

Fitchett

3. Date

06-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Petra Sprik

5. Manuscript Title

Religious/Spiritual Concerns in Patients with Brain Cancer and Their Caregivers

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APM - 2019-PCNO-06(APM-20-813)

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