Date:19/11/2021 Your Name:\_Alex Smith Manuscript Title:\_ Impact of the TNM Staging System for Thymoma Manuscript number (if known):Med 21-24

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

No conflicts of interest

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Date:19/11/2021 Your Name:\_Camilla Cavalli Manuscript Title:\_ Impact of the TNM Staging System for Thymoma Manuscript number (if known):Med 21-24

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13	Other financial or non- financial interests	None	

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Date:19/11/2021 Your Name:\_Leanne Harling Manuscript Title:\_ Impact of the TNM Staging System for Thymoma Manuscript number (if known):Med 21-24

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13	Other financial or non- financial interests	None	

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Date:19/11/2021 Your Name:\_Karen Harrison-Phipps Manuscript Title:\_ Impact of the TNM Staging System for Thymoma Manuscript number (if known):Med 21-24

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Please place an "X" next to the following statement to indicate your agreement:

Date:19/11/2021 Your Name:\_Tom Routledge Manuscript Title:\_ Impact of the TNM Staging System for Thymoma Manuscript number (if known):Med 21-24

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13	Other financial or non- financial interests	None	

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Please place an "X" next to the following statement to indicate your agreement:

Date:19/11/2021 Your Name:\_John Pilling Manuscript Title:\_ Impact of the TNM Staging System for Thymoma Manuscript number (if known):Med 21-24

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7	Support for attending meetings and/or travel	None	
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13	Other financial or non- financial interests	None	

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Date: 15 November 2021	
Your Name: Juliet Elizabeth Kip	
Manuscript Title: Impact of the new TNM stappy	system for Mymoura.
Manuscript number (if known): MeD - 2(-24	

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3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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Date:19/11/2021 Your Name:\_Andrea Bille Manuscript Title:\_ Impact of the TNM Staging System for Thymoma Manuscript number (if known):Med 21-24

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13	Other financial or non- financial interests	None	

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Date:19/11/2021 Your Name: Daisuke Nonaka Manuscript Title:\_ Impact of the TNM Staging System for Thymoma Manuscript number (if known):Med 21-24

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