

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jose

2. Surname (Last Name)

Galeas

3. Date

09-November-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Utilizing genomic profiling in a patient with a thoracic malignancy of uncertain primary: case report

6. Manuscript Identifying Number (if you know it)

PCM-2019-POTB-04

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

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Dr. Galeas 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) Nishi	2. Surname (Last Name) Shah	3. Date 09-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jose N. Galeas
5. Manuscript Title Utilizing genomic profiling in a patient with a thoracic malignancy of uncertain primary: case report		
6. Manuscript Identifying Number (if you know it) PCM-2019-POTB-04		

### Section 2. The Work Under Consideration for Publication

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Dr. Shah has nothing to disclose.

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1. Given Name (First Name) Shabnam	2. Surname (Last Name) Ridvi	3. Date 09-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jose N. Galeas
5. Manuscript Title Utilizing genomic profiling in a patient with a thoracic malignancy of uncertain primary: case report		
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### Section 1. Identifying Information

1. Given Name (First Name)

Jennifer

2. Surname (Last Name)

Chuy

3. Date

09-November-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Jose N. Galeas

5. Manuscript Title

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