

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Chiara	2. Surname (Last Name) Lazzari	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mariacarmela Santarpia
5. Manuscript Title Mechanisms of resistance to osimertinib		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Lazzari 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) Vanesa	2. Surname (Last Name) Gregorc	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mariacarmela Santarpia
5. Manuscript Title Mechanisms of resistance to osimertinib		
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Dr. Gregorc has nothing to disclose.

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1. Given Name (First Name)
NIKI

2. Surname (Last Name)
KARACHALIOU

3. Date
18-March-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
MARIACARMELA SANTARPIA

5. Manuscript Title
Mechanisms of resistance to osimertinib

6. Manuscript Identifying Number (if you know it)

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RAFAEL

2. Surname (Last Name)
ROSELL

3. Date
18-March-2020

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Corresponding Author's Name
MARIACARMELA SANTARPIA

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