

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Aleksandr	2. Surname (Last Name) Filippov	3. Date 16-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ammar Chaudhry, MD
5. Manuscript Title Role of Theranostics in Thoracic Oncology		
6. Manuscript Identifying Number (if you know it) JTD-2019-PITD-13		

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Dr. Filippov has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kimberly

2. Surname (Last Name)
Bonjoc

3. Date
16-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Ammar Chaudhry, MD

5. Manuscript Title
Role of Theranostics in Thoracic Oncology

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)
Junie

2. Surname (Last Name)
Chea

3. Date
16-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Ammar Chaudhry, MD

5. Manuscript Title
Role of Theranostics in Thoracic Oncology

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Section 1. Identifying Information

1. Given Name (First Name)
Nicole

2. Surname (Last Name)
Bowles

3. Date
16-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Ammar Chaudhry, MD

5. Manuscript Title
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Erasmus

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Poku

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☐ Yes ☒ No

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ammar

2. Surname (Last Name)
Chaudhry

3. Date
16-April-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Role of Theranostics in Thoracic Oncology

6. Manuscript Identifying Number (if you know it)
JTD-2019-PITD-13

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.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Chaudhry has nothing to disclose.

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