

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Dragana

2. Surname (Last Name)
Jovanovic

3. Date
06-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Correlation of genomic alterations and PD-L1 expression in thymoma

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Jovanovic has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jelena

2. Surname (Last Name)

Markovic

3. Date

06-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Correlation of genomic alterations and PD-L1 expression in thymoma

6. Manuscript Identifying Number (if you know it)

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Dr. Markovic has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Vesna

2. Surname (Last Name)
Ceriman

3. Date
06-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Correlation of genomic alterations and PD-L1 expression in thymoma

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Jelena

2. Surname (Last Name)
Kostic

3. Date
06-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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1. Given Name (First Name)
Sonja

2. Surname (Last Name)
Pavlovic

3. Date
06-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Ivan

2. Surname (Last Name)

Soldatovic

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6. Manuscript Identifying Number (if you know it)

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.)?

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Dr. Soldatovic has nothing to disclose.

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