

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Manny	2. Surname (Last Name) Bacolod	3. Date 24-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paul B. Fisher
5. Manuscript Title Immune infiltration, glioma stratification, and therapeutic implications		
6. Manuscript Identifying Number (if you know it)		

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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Dr. Bacolod has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sarmistha	2. Surname (Last Name) Talukdar	3. Date 24-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paul B. Fisher
5. Manuscript Title Immune infiltration, glioma stratification, and therapeutic implications		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Talukdar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Luni

2. Surname (Last Name)

Emdad

3. Date

24-September-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Paul B. Fisher

5. Manuscript Title

Immune infiltration, glioma stratification, and therapeutic implications

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Emdad has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Swadesh	2. Surname (Last Name) Das	3. Date 24-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paul B. Fisher
5. Manuscript Title Immune infiltration, glioma stratification, and therapeutic implications		
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Dr. Das has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Devanand	2. Surname (Last Name) Sarkar	3. Date 24-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paul B. Fisher
5. Manuscript Title Immune infiltration, glioma stratification, and therapeutic implications		
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Dr. Sarkar has nothing to disclose.

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1. Given Name (First Name) Xiang-Yang	2. Surname (Last Name) Wang	3. Date 24-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paul B. Fisher
5. Manuscript Title Immune infiltration, glioma stratification, and therapeutic implications		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name) Francis	2. Surname (Last Name) Barany	3. Date 24-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paul B. Fisher
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Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Fisher

3. Date
24-September-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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