

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Nicolle H.

2. Surname (Last Name)
Rekers

3. Date
04-October-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
IL2 based immunotherapies: towards a personalized and curative antitumor response

6. Manuscript Identifying Number (if you know it)

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Dr. Rekers has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Veronica Olivo

2. Surname (Last Name)
Pimentel

3. Date
04-October-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Nicolle H. Rekers

5. Manuscript Title

IL2 based immunotherapies: towards a personalized and curative antitumor response

6. Manuscript Identifying Number (if you know it)

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Dr. Pimentel has nothing to disclose.

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1. Given Name (First Name) Ala	2. Surname (Last Name) Yaromina	3. Date 04-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicolle H. Rekers
5. Manuscript Title IL2 based immunotherapies: towards a personalized and curative antitumor response		
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1. Given Name (First Name) Ludwig	2. Surname (Last Name) Dubois	3. Date 04-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicolle H. Rekers
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