

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## Identifying information.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### 3. Relevant financial activities outside the submitted work.

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

Rath 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Barbara H.		2. Surname (Last Name) Rath	3. Date 04-October-2016	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Philip J. Tofilon	
5. Manuscript Title Glioblastoma radiosensitization by pim		ozide		
6. Manuscript Ide	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Public	ation	
Did you or your institution <b>at any time</b> 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  Yes				
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Section 4.	Intellectual Prope	rty Patents & Copyri <u>c</u>	jhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Rath 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
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Dr. Rath has not	hing to disclose.

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Camphausen 1



Section 1. Ide	ntifying Informatio	on		
1. Given Name (First Name) Kevin		Surname (Last Name) mphausen	3. Date 04-October-2016	
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Philip J. Tofilon	
5. Manuscript Title Glioblastoma radiosensitization by pimozide				
6. Manuscript Identifyin	g Number (if you know it	:)		
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Section 2. The	Work Under Consid	deration for Publi	ication	
	ted work (including but r		n a third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation,	
Section 3. Rele	evant financial activ	vities outside the	submitted work.	
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Dr. Camphausen has nothing to disclose.

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Tofilon 1



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