

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)
Giusi

2. Surname (Last Name)
Forte

3. Date
15-June-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Radiogenomics: the utility in patient selection

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Forte has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Luigi	2. Surname (Last Name) Minafra	3. Date 15-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giusi Irma Forte
5. Manuscript Title Radiogenomics: the utility in patient selection		
6. Manuscript Identifying Number (if you know it)		

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Dr. Minafra has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Valentina

2. Surname (Last Name)

Bravatà

3. Date

15-June-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Giusi Irma Forte

5. Manuscript Title

Radiogenomics: the utility in patient selection

6. Manuscript Identifying Number (if you know it)

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Dr. Bravatà has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Debora	2. Surname (Last Name) Lamia	3. Date 15-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giusi Irma Forte
5. Manuscript Title Radiogenomics: the utility in patient selection		
6. Manuscript Identifying Number (if you know it)		

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Dr. Lamia has nothing to disclose.

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Pietro

2. Surname (Last Name)
Pisciotta

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15-June-2017

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Corresponding Author's Name
Giusi Irma Forte

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Dr. Pisciotta has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Giuseppe	2. Surname (Last Name) Cirrone	3. Date 15-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giusi Irma Forte
5. Manuscript Title Radiogenomics: the utility in patient selection		
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.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Giacomo	2. Surname (Last Name) Cuttone	3. Date 15-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giusi Irma Forte
5. Manuscript Title Radiogenomics: the utility in patient selection		
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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maria	2. Surname (Last Name) Gilardi	3. Date 15-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giusi Irma Forte
5. Manuscript Title Radiogenomics: the utility in patient selection		
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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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Giorgio	2. Surname (Last Name) Russo	3. Date 15-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giusi Irma Forte
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