

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. 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".

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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 patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Andrew

2. Surname (Last Name)
Neal

3. Date
14-June-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Post-operative seizure prophylaxis in gliomas

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 6. Disclosure Statement

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Dr. Neal has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Patrick	2. Surname (Last Name) Kwan	3. Date 14-June-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Andrew Neal
5. Manuscript Title Post-operative seizure prophylaxis in gliomas		
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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1. Given Name (First Name)
Andrew

2. Surname (Last Name)
Morokoff

3. Date
14-June-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Andrew Neal

5. Manuscript Title
Post-operative seizure prophylaxis in gliomas

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1. Given Name (First Name)
Terence

2. Surname (Last Name)
O'Brien

3. Date
14-June-2017

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☐ Yes ☒ No

Corresponding Author's Name
Andrew Neal

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