

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Clarissa A.

2. Surname (Last Name)
Whitehead

3. Date
10-August-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Stanley S. Stylli

5. Manuscript Title
Cancer exosomes in cerebrospinal fluid

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Whitehead 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)
Rodney B.

2. Surname (Last Name)
Luwor

3. Date
10-August-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Stanley S. Stylli

5. Manuscript Title
Cancer exosomes in cerebrospinal fluid

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Luwor has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Andrew P.

2. Surname (Last Name)
Morokoff

3. Date
10-August-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Stanley S. Stylli

5. Manuscript Title
Cancer exosomes in cerebrospinal fluid

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Andrew H.	2. Surname (Last Name) Kaye	3. Date 10-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stanley S. Stylli
5. Manuscript Title Cancer exosomes in cerebrospinal fluid		
6. Manuscript Identifying Number (if you know it)		

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Stanley S.

2. Surname (Last Name)
Stylli

3. Date
10-August-2017

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5. Manuscript Title
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