

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.

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Papp 1



Section 1.	lentifying Informati	on				
1. Given Name (First N Tamas	•	Surname (Last Name) app		3. Date 23-August-2019		
4. Are you the corresp	oonding author?	Yes No				
5. Manuscript Title Disorders of neural o	5. Manuscript Title Disorders of neural crest derivates in oncoradiological practice					
6. Manuscript Identify TCR-19-759	Manuscript Identifying Number (if you know it) CR-19-759					
Section 2. Th	ne Work Under Cons	ideration for Publi	cation			
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Dr. Papp has not	thing to disclose.				

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Ferenczi 1



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1. Given Name (Firs Zsuzsanna	st Name)	2. Surname (Last Name) Ferenczi	3. Date 23-August-20	19
4. Are you the corre	esponding author?	Yes 🗸 No	Corresponding Author's Name Tamas Papp	
5. Manuscript Title Disorders of neura	al crest derivates in on	ncoradiological practice		
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Do you have any բ	oatents, whether plan	ned, pending or issued, b	oadly relevant to the work? Yes	No

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Petro 1



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4. Are you the cor			Corresponding Author's Name Tamas Papp	
5. Manuscript Title Disorders of neu		ncoradiological practice		
6. Manuscript Ider TCR-19-759	ntifying Number (if you kr	now it)		
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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	☐ Yes 🗸 No

Petro 2



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Meszar 1



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4. Are you the corr	you the corresponding author? Yes V No Corresponding Author's Name Tamas Papp		Corresponding Author's Name Tamas Papp	
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Berenyi 1



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