

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sanaz

2. Surname (Last Name)
Yahyanejad

3. Date
10-July-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Marc A. Vooijs

5. Manuscript Title
Benefits, limitations and opportunities of NOTCH inhibitors for treatment of glioma

6. Manuscript Identifying Number (if you know it)

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Dr. Yahyanejad has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Patrick V.

2. Surname (Last Name)
Granton

3. Date
10-July-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Marc A. Vooijs

5. Manuscript Title
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1. Given Name (First Name) Ann	2. Surname (Last Name) Hoeben	3. Date 10-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc A. Vooijs
5. Manuscript Title Benefits, limitations and opportunities of NOTCH inhibitors for treatment of glioma		
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Vooijs

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10-July-2016

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