Date:	5/1/2022
Your Name:	Justin M. Haseltine
Manuscript Title:	Tumor Volume as a Predictor of Cell Free DNA Mutation Detection in Advanced Non- Small Cell Lung Cancer
Manuscript Number (if known):	Click or tap here to enter text.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	5/1/2022
Your Name:	Michael Offin
Manuscript Title:	Tumor Volume as a Predictor of Cell Free DNA Mutation Detection in Advanced Non- Small Cell Lung Cancer
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Jazz Pharmaceuticals Novartis PharmaMar Targeted Oncology OncLive	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     ■	

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11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement:				

3 8/26/2021 ICMJE Disclosure Form

Date:	5/1/2022
Your Name:	Jessica R. Flynn
Manuscript Title:	Tumor Volume as a Predictor of Cell Free DNA Mutation Detection in Advanced Non- Small Cell Lung Cancer
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 montl	าร
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     ■	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	5/1/2022
Your Name:	Zhigang Zhang
Manuscript Title:	Tumor Volume as a Predictor of Cell Free DNA Mutation Detection in Advanced Non- Small Cell Lung Cancer
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 months	5
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3	Royalties or licenses	None □	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	5/1/2022
Your Name:	Emily S. Lebow
Manuscript Title:	Tumor Volume as a Predictor of Cell Free DNA Mutation Detection in Advanced Non- Small Cell Lung Cancer
Manuscript Number (if known):	Click or tap here to enter text.

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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	5/1/2022
Your Name:	Khaled Aziz
Manuscript Title:	Tumor Volume as a Predictor of Cell Free DNA Mutation Detection in Advanced Non-
	Small Cell Lung Cancer

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7	Support for attending meetings and/or travel	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	5/1/2022
Your Name:	Alex Makhnin
Manuscript Title:	Tumor Volume as a Predictor of Cell Free DNA Mutation Detection in Advanced Non- Small Cell Lung Cancer
Manuscript Number (if known):	Click or tap here to enter text.

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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None     ■	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	5/1/2022
Your Name:	Jordan Eichholz
Manuscript Title:	Tumor Volume as a Predictor of Cell Free DNA Mutation Detection in Advanced Non- Small Cell Lung Cancer

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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	5/1/2022
Your Name:	Lee P. Lim
Manuscript Title:	Tumor Volume as a Predictor of Cell Free DNA Mutation Detection in Advanced Non- Small Cell Lung Cancer
Manuscript Number (if known):	Click or tap here to enter text.

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8	Patents planned, issued or pending	None     ■	
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			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	L Stock or stock		None	
		Reso	olution Bio/Agilent	Shareholder
12	Receipt of equipment,		None	
	materials, drugs,			
	medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	nse place an "X" nex	t to the	e following statement to indicate your agreeme	ent:
$\boxtimes$	☑ I certify that I have answered every question and have not altered the wording of any of the questions on this form.		ording of any of the questions on this form.	

Date:	5/1/2022
Your Name:	Mark Li
Manuscript Title:	Tumor Volume as a Predictor of Cell Free DNA Mutation Detection in Advanced Non- Small Cell Lung Cancer
Manuscript Number (if known):	Click or tap here to enter text.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	□ None	
		Resolution Bio/Agilent	Shareholder
12	Receipt of equipment, materials, drugs,	None     Non	
	medical writing, gifts or other		
	services	L	
13	Other financial or non-financial	⊠ None	
	interests		
Plea	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

Date:	5/1/2022
Your Name:	James M. Isbell
Manuscript Title:	Tumor Volume as a Predictor of Cell Free DNA Mutation Detection in Advanced Non- Small Cell Lung Cancer
Manuscript Number (if known):	Click or tap here to enter text.

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Plea	Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	5/1/2022
Your Name:	Daniel R. Gomez
Manuscript Title:	Tumor Volume as a Predictor of Cell Free DNA Mutation Detection in Advanced Non- Small Cell Lung Cancer
Manuscript Number (if known):	Click or tap here to enter text.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     ■	

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13	Other financial or non-financial interests		None	
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6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     ■	
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Date:	5/1/2022	
Your Name:	Andreas Rimner	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None AstraZeneca	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     ■     None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     Non	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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