

ICMJE DISCLOSURE FORM

Date: 13.12.2023
 Your Name: BarbaraRath
 Manuscript Title: Expression of cytokines in pleural effusions and corresponding cell lines of small cell lung cancer.
 Manuscript number (if known): TLCR-23-569-R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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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Time frame: past 36 months			
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Wien 13.12.2023



ICMJE DISCLOSURE FORM

Date: 13.12.2023
 Your Name: SANDRA STICKLER
 Manuscript Title: Expression of cytokeratins in pleural effusions and corresponding cell lines of
 Manuscript number (if known): TLCR-23-569-R2 Small cell lung cancer

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ICMJE DISCLOSURE FORM

Date: 13.12.2023

Your Name: Dr. Maximilian Hochmair

Manuscript Title: Expression of cytokines in pleural effusion and corresponding

Manuscript number (if known): TLCR 23-569-R2 cell lines of small cell lung cancer

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Date: 14/12/2023
 Your Name: Dr GERHARD HAMILON
 Manuscript Title: Expression of Gytobins in pleural effusions...
 Manuscript number (if known): TLCR-23-569-R2

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