

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)
James Thomas

2. Surname (Last Name)
Connell

3. Date
08-February-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Delays to treatment initiation in the management of head and neck cancer

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Connell has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Vimal

2. Surname (Last Name)
Sekhar

3. Date
08-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
James Thomas Connell

5. Manuscript Title
Delays to treatment initiation in the management of head and neck cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Sekhar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) John-Charles	2. Surname (Last Name) Hodge	3. Date 08-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James Thomas Connell
5. Manuscript Title Delays to treatment initiation in the management of head and neck cancer		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Surendranath	2. Surname (Last Name) Krishnan	3. Date 08-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James Thomas Connell
5. Manuscript Title Delays to treatment initiation in the management of head and neck cancer		
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1. Given Name (First Name)
Andrew

2. Surname (Last Name)
Foreman

3. Date
08-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
James Thomas Connell

5. Manuscript Title
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