

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Uriel

2. Surname (Last Name)
Kim

3. Date
08-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Johnie Rose

5. Manuscript Title

Balancing the goals of improving health care quality with out-of-pocket costs in breast cancer patients

6. Manuscript Identifying Number (if you know it)

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Dr. Kim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Gwendolyn

2. Surname (Last Name)
Donley

3. Date
08-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Johnie Rose

5. Manuscript Title

Balancing the goals of improving health care quality with out-of-pocket costs in breast cancer patients

6. Manuscript Identifying Number (if you know it)

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Siran

2. Surname (Last Name)
Koroukian

3. Date
08-May-2018

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Yes No

Corresponding Author's Name
Johnie Rose

5. Manuscript Title

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Johnie

2. Surname (Last Name)

Rose

3. Date

08-May-2018

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Yes No

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