

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Shikha

2. Surname (Last Name)

Goyal

3. Date

20-May-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Non-metastatic Ewing's sarcoma family of tumors arising from head and neck: a single institution experience

6. Manuscript Identifying Number (if you know it)

TRO-19-16-B

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Goyal has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Ahitagni	2. Surname (Last Name) Biswas	3. Date 20-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shikha Goyal
5. Manuscript Title Non-metastatic Ewing's sarcoma family of tumors arising from head and neck: a single institution experience		
6. Manuscript Identifying Number (if you know it) TRO-19-16-B		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Biswas has nothing to disclose.

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1. Given Name (First Name) Bidhu K	2. Surname (Last Name) Mohanti	3. Date 20-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shikha Goyal
5. Manuscript Title Non-metastatic Ewing's sarcoma family of tumors arising from head and neck: a single institution experience		
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1. Given Name (First Name) Sameer	2. Surname (Last Name) Bakhshi	3. Date 20-May-2019
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