ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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<tbody>
<tr>
<td>Emily</td>
<td>Martin</td>
<td>07-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  

   **Corresponding Author’s Name**  
   Candice Johnstone

5. Manuscript Title  
   Society for Palliative Radiation Oncology: Report from the Sixth Annual Meeting (2019)

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

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   - No

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Section 6. Disclosure Statement

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Dr. Martin has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yolanda
2. Surname (Last Name) Tseng
3. Date 07-April-2020
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
   Society for Palliative Radiation Oncology: report from the Sixth Annual Meeting (2019)
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☑ No

Tseng
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**Section 1. Identifying Information**

1. Given Name (First Name) Charles
2. Surname (Last Name) Simone
3. Date 07-April-2020
4. Are you the corresponding author? Yes ☐  No ☑
   Corresponding Author’s Name Candice Johnstone
5. Manuscript Title Society for Palliative Radiation Oncology: report from the Sixth Annual Meeting (2019)
6. Manuscript Identifying Number (if you know it)

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<tr>
<td>Candice</td>
<td>Johnstone</td>
<td>30-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title
   It’s time....

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