ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)    David M
2. Surname (Last Name)        McDermott
3. Date                      07-July-2020
4. Are you the corresponding author? [ ] Yes [X] No
   Corresponding Author’s Name
   Malcolm D Mattes
5. Manuscript Title
   Patterns of Palliative Care Consultation among Patients with Brain Metastasis: An Opportunity for Radiation Oncologists to Facilitate Earlier Referral
6. Manuscript Identifying Number (if you know it)

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Dr. McDermott has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ashlee

2. Surname (Last Name)  
   Seldomridge

3. Date  
   07-July-2020

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Malcolm D Mattes

5. Manuscript Title  
   Patterns of Palliative Care Consultation among Patients with Brain Metastasis: An Opportunity for Radiation Oncologists to Facilitate Earlier Referral

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1. Given Name (First Name)  
   Ashray

2. Surname (Last Name)  
   Maniar

3. Date  
   07-July-2020

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   Yes  ☑ No

   Corresponding Author’s Name  
   Malcolm D Mattes

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1. Given Name (First Name)  
Malcolm

2. Surname (Last Name)  
Mattes

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