ICMJE Form for Disclosure of Potential Conflicts of Interest

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Petra

2. Surname (Last Name) 
   Sprik

3. Date 
   05-August-2020

4. Are you the corresponding author? 
   Yes   No

5. Manuscript Title 
   Religious/Spiritual Concerns in Patients with Brain Cancer and Their Caregivers

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.)? Are there any relevant conflicts of interest?  Yes   No

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Dr. Sprik has nothing to disclose.

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<thead>
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<th>1. Given Name (First Name)</th>
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<tr>
<td>Beba</td>
<td>Tata</td>
<td>03-July-2020</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

<table>
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<th>Corresponding Author's Name</th>
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<tr>
<td>Petra Sprik</td>
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1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Kelly

3. Date  
   03-July-2020

4. Are you the corresponding author?  
   Yes   ✔   No

Corresponding Author's Name  
   Petra Sprik

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Dr. Kelly has nothing to disclose.

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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Fitchett</td>
</tr>
<tr>
<td>3. Date</td>
<td>06-July-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
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