

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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Helmut 2. Surname (Last Name) Prosch 3. Date 05-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
The role of radiological imaging for masses in the prevascular mediastinum in clinical practice

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Siemens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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

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Section 6. Disclosure Statement

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Dr. Prosch reports grants and personal fees from Boehringer Ingelheim, personal fees from Roche, personal fees from MSD, personal fees from BMS, personal fees from AstraZeneca, personal fees from Siemens, outside the submitted work; .

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)
Sebastian

2. Surname (Last Name)
Röhrich

3. Date
08-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Helmut Prosch

5. Manuscript Title

The role of radiological imaging for masses in the prevascular mediastinum in clinical practice

6. Manuscript Identifying Number (if you know it)

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Dr. Röhrich has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Zeynep

2. Surname (Last Name)
Tekin

3. Date
05-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Helmut Prosch

5. Manuscript Title

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Lukas

2. Surname (Last Name)
Ebner

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05-June-2020

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Yes No

Corresponding Author's Name
Helmut Prosch

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