

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Hussein

2. Surname (Last Name)
Tawbi

3. Date
20-July-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Immune Checkpoint Inhibitor Therapy in a Liver Transplant Recipient With Melanoma

6. Manuscript Identifying Number (if you know it)
L17-0187

Section 2. The Work Under Consideration for Publication

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Dr. Tawbi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Riham	2. Surname (Last Name) Katkhuda	3. Date 07-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hussein Tawbi, MD, PhD
5. Manuscript Title Complete Response to Anti-PD1 in Melanoma Patient with Liver Transplant"		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)
Gustavo

2. Surname (Last Name)
Schvartsman

3. Date
07-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hussein Tawbi

5. Manuscript Title
Complete Response to Anti-PD1 in Melanoma Patient with Liver Transplant

6. Manuscript Identifying Number (if you know it)
L17-0187

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SOOD

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07-July-2017

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Corresponding Author's Name
Hussein Tawbi, MD,

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Section 1. Identifying Information

1. Given Name (First Name)
Kristen

2. Surname (Last Name)
Perez

3. Date
19-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Hussein Tawbi

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