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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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)  Allen
2. Surname (Last Name) Ho
3. Date 18-May-2019

4. Are you the corresponding author?  Yes  No
Corresponding Author's Name Luc GT Morris

5. Manuscript Title
Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (if you know it)
128227-JCI-CMED-RV-2

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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. Ho has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Angelica
2. Surname (Last Name)  Ochoa
3. Date  18-May-2019

4. Are you the corresponding author?  □ Yes  ✅ No
Corresponding Author's Name  Luc GT Morris

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Ochoa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Gowtham
2. Surname (Last Name) Jayakumaran
3. Date 18-May-2019

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name
   Luc GT Morris

5. Manuscript Title
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (if you know it)
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Dr. Jayakumaran 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)  
   Ahmet

2. Surname (Last Name)  
   Zehir

3. Date  
   18-May-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author's Name  
   Luc GT Morris

5. Manuscript Title  
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Zehir
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Dr. Zehir has nothing to disclose.

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Valero Mayor
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Cristina

2. Surname (Last Name)  
   Valero Mayor

3. Date  
   18-May-2019

4. Are you the corresponding author?  
   ☑ Yes  ☑ No
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Dr. Valero Mayor has nothing to disclose.

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- **Licensed**: the patent has been licensed to an entity, whether earning royalties or not
- **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)
   Justin

2. Surname (Last Name)
   Tepe

3. Date
   18-May-2019

4. Are you the corresponding author?  [ ] Yes  [X] No
   Corresponding Author's Name
   Luc GT Morris

5. Manuscript Title
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (if you know it)
   128227-JCI-CMED-RV-2

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  [X] No

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Are there any relevant conflicts of interest?  [ ] Yes  [X] No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  [ ] Yes  [X] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Tepe 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)  
   Vladimir

2. Surname (Last Name)  
   Makarov

3. Date  
   18-May-2019

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author’s Name  
   Luc GT Morris

5. Manuscript Title  
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (if you know it)  
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Dr. Makarov 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)  
   Martin

2. Surname (Last Name)  
   Dalin

3. Date  
   18-May-2019

4. Are you the corresponding author?  
   [ ] Yes  
   [ ] No  
   Corresponding Author's Name  
   Luc GT Morris

5. Manuscript Title  
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (if you know it)  
   128227-JCI-CMED-RV-2

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

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [ ] No

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   [ ] No

**Section 4. Intellectual Property — Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
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Dr. Dalin has nothing to disclose.

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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)
   Jie

2. Surname (Last Name)
   He

3. Date
   18-May-2019

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

   Corresponding Author's Name
   Luc GT Morris

5. Manuscript Title
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (If you know it)
   128227-JCI-CMED-RV-2

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<tr>
<td>Foundation Medicine</td>
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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. He reports other from Foundation Medicine, during the conduct of the study.

Evaluation and Feedback

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Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Mark

2. Surname (Last Name)  
   Bailey

3. Date  
   18-May-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Luc GT Morris

5. Manuscript Title  
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (if you know it)  
   128227-JCI-CM6D-RV-2

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   ☑ Yes  ☐ No

Are there any relevant conflicts of interest?  
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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?  
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Bailey
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Bailey 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)  
   Meagan

2. Surname (Last Name)  
   Montesion

3. Date  
   18-May-2019

4. Are you the corresponding author?  
   Yes  Yes  No  
   Correspoding Author’s Name  
   Luc GT Morris

5. Manuscript Title  
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

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   128227-JCI-CMED-RV-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   Yes  Yes  No

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   Yes  Yes  No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes  Yes  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Ross

3. Date  
   18-May-2019

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

   Corresponding Author's Name  
   Luc GT Morris

5. Manuscript Title  
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (if you know it)  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vincent
2. Surname (Last Name) Miller
3. Date 18-May-2019
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author's Name Luc GT Morris
5. Manuscript Title
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma
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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lindsay
2. Surname (Last Name) Chan
3. Date 18-May-2019
4. Are you the corresponding author? Yes No
   Corresponding Author's Name Luc GT Morris
5. Manuscript Title
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   Luc GT Morris
5. Manuscript Title
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1. Given Name (First Name)  Srijezana
2. Surname (Last Name)  Dogan
3. Date  18-May-2019

4. Are you the corresponding author?  Yes  [ ] No  Corresponding Author’s Name  Luc GT Morris

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2. **The work under consideration for publication.**

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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**Definitions.**

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

---

Katemi
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name) Nora
2. Surname (Last Name) Katabi
3. Date 18-May-2019

4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author's Name
   Luc GI Morris

5. Manuscript Title
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (if you know it)
   128227-JCI-CMED-RV-2

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

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Katabi 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)  
Petros

2. Surname (Last Name)  
Tsipouras

3. Date  
18-May-2019

4. Are you the corresponding author?  
☑ Yes

Corresponding Author's Name  
Luc GT Morris

5. Manuscript Title  
Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (if you know it)  
128227-JCI-CMED-RV-2

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Dr. Tsipouras 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)  Patrick
2. Surname (Last Name)  Ha
3. Date  18-May-2019

4. Are you the corresponding author?  ☑ No
Corresponding Author’s Name  Luc GT Morris

5. Manuscript Title
Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (if you know it)
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Dr. Ha has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Nishant

2. Surname (Last Name)  
   Agrawal

3. Date  
   18-May-2019

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

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Dr. Agrawal has nothing to disclose.

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Solit

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Solit

3. Date  
   18-May-2019

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   □ Yes  ✔ No

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If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
P. Andrew

2. Surname (Last Name)  
Futreal

3. Date  
18-May-2019

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

Corresponding Author’s Name  
Luc GT Morris

5. Manuscript Title  
Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (If you know it)  
128227-JCI-CMED-RV-2

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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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Futreal
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Dr. Futreal has nothing to disclose.

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El Naggar
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Adel

2. Surname (Last Name)  
   El Naggar

3. Date  
   18-May-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Luc G T Morris

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El Naggar
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<td>Jorge</td>
<td>Reis-Filho</td>
<td>18-May-2019</td>
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4. Are you the corresponding author? □ Yes  ✔ No

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Dr. Reis-Filho has nothing to disclose.

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1. Given Name (First Name)  Alan
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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.

1. Identifying information.
2. The work under consideration for publication.
   This section asks for information about the work that you have submitted for publication. The timeframe for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party—meaning, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nikolaus
2. Surname (Last Name) Schultz
3. Date 18-May-2019

4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Luc GT Morris

5. Manuscript Title
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (if you know it)
   128227-JCI-CMED-RV-2

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? ☑ No

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Section 6  Disclosure Statement

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Dr. Schultz 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)  
   Timothy

2. Surname (Last Name)  
   Chan

3. Date  
   18-May-2019

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

5. Manuscript Title  
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

6. Manuscript Identifying Number (if you know it)  
   128227-JCI-CMED-RV-2

Section 2: The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ☑ Yes  ☐ No

Section 3: Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   ☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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Chan
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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Dr. Chan reports other from Gritstone Oncology, grants from BMS, grants from Eisai, grants from AstraZeneca, grants from Illumina, from null, from null, outside the submitted work.

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Morris
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Luc

2. Surname (Last Name)  
   Morris

3. Date  
   18-May-2019

4. Are you the corresponding author?  
   Yes  No

5. Manuscript Title  
   Genetic hallmarks of recurrent/metastatic adenoid cystic carcinoma

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Are there any relevant conflicts of interest?  Yes  No

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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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Dr. Morris reports other from Rakuten Aspyrian, grants from null, grants from null, grants from null, grants from null, from
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Section 1. Identifying Information

1. Given Name (First Name) Britta 2. Surname (Last Name) Weigelt 3. Date 18-May-2019

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

Corresponding Author’s Name
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