

ICMJE DISCLOSURE FORM

Date: 7/7/2021
 Your Name: Brittany Kimball
 Manuscript Title: Empowering Childhood Cancer Survivors through Integrated, Individualized Health Insurance Education
 Manuscript number (if known): PCM-21-16

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_X_ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	_X_ None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 7/7/2021

Your Name: Matthew Kudek

Manuscript Title: Empowering Childhood Cancer Survivors through Integrated, Individualized Health Insurance Education

Manuscript number (if known): PCM-21-16

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ICMJE DISCLOSURE FORM

Date: 7/6/2021
 Your Name: Daniel V. Ly
 Manuscript Title: Empowering Childhood Cancer Survivors through Integrated, Individualized Health Insurance Education
 Manuscript number (if known): PCM-21-16

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ICMJE DISCLOSURE FORM

Date: 07/08/2021

Your Name: Sarah Eagle

Manuscript Title: Empowering Childhood Cancer Survivors through Integrated, Individualized Health Insurance Education

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 7/8/2021

Your Name: Vanessa Hausman

Manuscript Title: Empowering Childhood Cancer Survivors through Integrated, Individualized Health Insurance Education

Manuscript number (if known): PCM-21-16

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ICMJE DISCLOSURE FORM

Date: 7/7/21

Your Name: Hee Yun Lee

Manuscript Title: Navigating Transition in Cancer Survivorship: The Role of Health Insurance Education for Childhood Cancer Survivors

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: July 9th, 2021
 Your Name: Eleanor Plaunt
 Manuscript Title: Empowering Childhood Cancer Survivors through Integrated, Individualized Health Insurance
 Manuscript number (if known): PCM-21-16

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ICMJE DISCLOSURE FORM

Date: 7/7/2021
 Your Name: Karim Sadak
 Manuscript Title: Empowering Childhood Cancer Survivors through Integrated, Individualized Health Insurance Education
 Manuscript number (if known): PCM-21-16

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