

MANUSCRIPT SUBMISSION COVER SHEET

This form must accompany all submissions, including revisions.

GENERAL MANUSCRIPT INFORMATION:

1. Print or type the following for the Corresponding Author (all fields required):

Name: _____

Address: _____

City, State/Province: _____ Zip/Postal Code: _____

Country: _____ e-mail: _____

Phone: _____ Fax: _____ Website: _____

2. Title of manuscript: _____

3. Manuscript number*: T06 - _____

***Revised manuscripts only**

4. Manuscript Subject Category (Please check one):

- | | |
|------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Immunotherapy, Monoclonals,
and Vaccines |
| <input type="checkbox"/> Cancer Biology | <input type="checkbox"/> Leukemias |
| <input type="checkbox"/> Cancer Diagnostics and
Molecular Pathology | <input type="checkbox"/> Lung Cancer |
| <input type="checkbox"/> Cancer Imaging | <input type="checkbox"/> Lymphoma |
| <input type="checkbox"/> Cancer Medicine: Case
Discussion | <input type="checkbox"/> Medical Ethics |
| <input type="checkbox"/> Clinical Genetics and Genetic
Counseling | <input type="checkbox"/> Melanoma and Cutaneous
Malignancies |
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| <input type="checkbox"/> Dialogues in Oncology | <input type="checkbox"/> Pediatric Oncology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Epidemiology, Access, and
Outcomes | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Gastrointestinal Cancer | <input type="checkbox"/> Reflections |
| <input type="checkbox"/> Genitourinary Cancer | <input type="checkbox"/> Regulatory Issues:
o FDA |
| <input type="checkbox"/> Geriatric Oncology | o EMEA |
| <input type="checkbox"/> Gynecologic Oncology | <input type="checkbox"/> Sarcomas |
| <input type="checkbox"/> Head and Neck Cancers | <input type="checkbox"/> Schwartz Center Rounds |
| <input type="checkbox"/> Hepatobiliary | <input type="checkbox"/> Symptom Management and
Supportive Care |
| <input type="checkbox"/> Other: _____ | |

5. Please supply the appropriate total for each of the following:

Pages: _____ References: _____ Tables: _____ Figures: _____ (A figure with multiple panels counts as one figure)

ITEMS TO BE INCLUDED WITH SUBMISSION:

6. Learning Objectives:

Three learning objectives are required with each submission. In the event that a manuscript is selected for *The Oncologist's* Continuing Medical Education (CME) program, these will be used as the learning objectives that the reader should expect to accomplish once they have successfully completed the specific CME activity.

- Yes

7. Suggested Reviewers:

Name	Institution	Contact Information (phone, fax, or email)
1.		
2.		
3.		

8. The following have been included with your submission:

- Abstract (250 words maximum)
- Four to six key words or phrases, using terms from the most recent Medical Subject Headings of Index Medicus
- Three to five general references for Additional Reading
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- Signed *Potential Conflict of Interest* form from each author
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ADDITIONAL INFORMATION:

9. Portions of this study that were published elsewhere are so indicated in the text and references:

- Yes
- Not Applicable

10. Reports on human experimentation have been reviewed in accordance with the precepts established by the Helsinki Declaration. A statement has also been included showing that the human investigations were performed with informed consent, as well as verifying that the human investigations were preceded by local institutional review board approval and, if appropriate, in accordance with an assurance filed with and approved by the U.S. Department of Health and Human Services:

- Yes
- Not Applicable

11. If your manuscript deals with recombinant DNA research, a description has been included of the procedures practiced, which follows the National Institutes of Health guidelines:

Yes

Not Applicable

12. You have read and agreed to the policies on proprietary drug names and proprietary devices, as explained in the Information for Authors.

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Yes

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