

## 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):**

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**2. Title of manuscript:** \_\_\_\_\_

**3. Manuscript number\*:** \_\_\_\_\_

**\*Revised manuscripts only**

**4. Manuscript Subject Category (Please check one):**

- |  |  |
|--|--|
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| <input type="checkbox"/> Cancer Biology                                | <input type="checkbox"/> Medical Ethics                            |
| <input type="checkbox"/> Cancer Diagnostics and<br>Molecular Pathology | <input type="checkbox"/> Medical Ethics: Schwartz Center<br>Rounds |
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| <input type="checkbox"/> The Community Oncologist                      | <input type="checkbox"/> Pediatric Oncology                        |
| <input type="checkbox"/> Endocrinology                                 | <input type="checkbox"/> Prevention                                |
| <input type="checkbox"/> Epidemiology and Population<br>Studies        | <input type="checkbox"/> Radiation Oncology                        |
| <input type="checkbox"/> Gastrointestinal Cancer                       | <input type="checkbox"/> Reflections                               |
| <input type="checkbox"/> Genitourinary Cancer                          | <input type="checkbox"/> Regulatory Issues:                        |
| <input type="checkbox"/> Geriatric Oncology                            | <input type="checkbox"/> FDA                                       |
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**7. The following have been included with your submission:**

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