

## 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)  
Raphael Sven

2. Surname (Last Name)  
Werner

3. Date  
18-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Prof. Thomas Frauenfelder

5. Manuscript Title

When MRI is needed: Malignant Pleural Mesothelioma with Transdiaphragmatic Infiltration and Localized Appearance

6. Manuscript Identifying Number (if you know it)

CCTS-20-41

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Dr. Raphael Werner 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)  
Gioia

2. Surname (Last Name)  
Fischer

3. Date  
22-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Frauenfelder Thomas

5. Manuscript Title

When MRI is needed: Malignant Pleural Mesothelioma with Transdiaphragmatic Infiltration and Localized Appearance

6. Manuscript Identifying Number (if you know it)

CCTS-20-41

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### Section 1. Identifying Information

1. Given Name (First Name)  
Ilhan

2. Surname (Last Name)  
Inci

3. Date  
22-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Frauenfelder Thomas

5. Manuscript Title

When MRI is needed: Malignant Pleural Mesothelioma with Transdiaphragmatic Infiltration and Localized Appearance

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CCTS-20-41

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1. Given Name (First Name)

Isabelle

2. Surname (Last Name)

Opitz

3. Date

22-March-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Frauenfelder Thomas

5. Manuscript Title

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CCTS-20-41

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1. Given Name (First Name)  
Thomas

2. Surname (Last Name)  
Frauenfelder

3. Date  
22-March-2020

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5. Manuscript Title  
When MRI is needed: Malignant Pleural Mesothelioma with Transdiaphragmatic Infiltration and Localized Appearance

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