

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zoltan	2. Surname (Last Name) Herold	3. Date 16-December-2021
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Longitudinal changes in personalized platelet count metrics are good indicators of initial 3-year outcome in colorectal cancer		
6. Manuscript Identifying Number (if you know it) 72418		

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Ministry for Innovation and Technology from the source of the National Research, Development and Innovation Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNKP-20-4-I New National Excellence Program

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 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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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Disclosure Statement

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

Dr. Herold reports grants from Ministry for Innovation and Technology from the source of the National Research, Development and Innovation Fund, during the conduct of the study; .

Evaluation and Feedback

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1. Given Name (First Name) Magdolna	2. Surname (Last Name) Herold	3. Date 16-December-2021
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Dr. Herold has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Julia	2. Surname (Last Name) Lohinszky	3. Date 16-December-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zoltan Herold
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Dr. Lohinszky has nothing to disclose.

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1. Given Name (First Name) A. Marcell	2. Surname (Last Name) Szasz	3. Date 16-December-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zoltan Herold
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Dr. Szasz has nothing to disclose.

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1. Given Name (First Name) Magdolna	2. Surname (Last Name) Dank	3. Date 16-December-2021
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National Research, Development and Innovation Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant ID: NVKP_16-1-2016-0042

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1. Given Name (First Name) Aniko	2. Surname (Last Name) Somogyi	3. Date 16-December-2021
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