

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Deena

2. Surname (Last Name)

Hadedeya

3. Date

09-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Emad Kandil

5. Manuscript Title

Prophylactic External Beam Radiation Therapy for Keloid Prevention in Thyroid Surgery Patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Hadedeya has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mahmoud	2. Surname (Last Name) Shalaby	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emad Kandil
5. Manuscript Title Prophylactic External Beam Radiation Therapy for Keloid Prevention in Thyroid Surgery Patients		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Dr. Shalaby has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mounika	2. Surname (Last Name) Akkera	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emad Kandil
5. Manuscript Title Prophylactic External Beam Radiation Therapy for Keloid Prevention in Thyroid Surgery Patients		
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Dr. Akkera has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Grace

2. Surname (Last Name)

Lee

3. Date

09-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Emad Kandil

5. Manuscript Title

Prophylactic External Beam Radiation Therapy for Keloid Prevention in Thyroid Surgery Patients

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

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Kendra

2. Surname (Last Name)

Harris

3. Date

09-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Emad Kandil

5. Manuscript Title

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Dr. Harris has nothing to disclose.

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1. Given Name (First Name) Roostam	2. Surname (Last Name) Kholmatov	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emad Kandil
5. Manuscript Title Prophylactic External Beam Radiation Therapy for Keloid Prevention in Thyroid Surgery Patients		
6. Manuscript Identifying Number (if you know it)		

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

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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Dr. Kholmatov has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Muhammad	2. Surname (Last Name) Anwar	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emad Kandil
5. Manuscript Title Prophylactic External Beam Radiation Therapy for Keloid Prevention in Thyroid Surgery Patients		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Anwar 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) Fadi	2. Surname (Last Name) Murad	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emad Kandil
5. Manuscript Title Prophylactic External Beam Radiation Therapy for Keloid Prevention in Thyroid Surgery Patients		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Saad

2. Surname (Last Name)

Alawaad

3. Date

09-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Emad Kandil

5. Manuscript Title

Prophylactic External Beam Radiation Therapy for Keloid Prevention in Thyroid Surgery Patients

6. Manuscript Identifying Number (if you know it)

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Emad

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Kandil

3. Date

09-September-2020

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Yes No

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