

## 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)

Lydia Weiling

2. Surname (Last Name)

Li

3. Date

19-November-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Anaesthesia for Radiotherapy in Paediatric Oncology - A Retrospective Observational Study in an Asian Population

6. Manuscript Identifying Number (if you know it)

CCO-20-3-R1

### 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.)?

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Dr. Li 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) Gail Wan Ying	2. Surname (Last Name) Chua	3. Date 19-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lydia Weiling Li
5. Manuscript Title Anaesthesia for Radiotherapy in Paediatric Oncology - A Retrospective Observational Study in an Asian Population		
6. Manuscript Identifying Number (if you know it) CCO-20-3-R1		

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Dr. Chua has nothing to disclose.

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1. Given Name (First Name) Wenjun	2. Surname (Last Name) Koh	3. Date 19-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lydia Weiling Lim
5. Manuscript Title Anaesthesia for Radiotherapy in Paediatric Oncology - A Retrospective Observational Study in an Asian Population		
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