

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)

Hana

2. Surname (Last Name)

Malikova

3. Date

28-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Advanced cervical cancer in young women: Imaging study of late and very late radiation-related side effects after successful treatment by combined radiotherapy

6. Manuscript Identifying Number (if you know it)

QIMS-20-553

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Dr. Malikova has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Miroslava

2. Surname (Last Name)

Burghardtova

3. Date

28-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Hana Malikova, MD

5. Manuscript Title

Advanced cervical cancer in young women: Imaging study of late and very late radiation-related side effects after successful treatment by combined radiotherapy

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QIMS-20-553

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Dr. Burghardtova has nothing to disclose.

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1. Given Name (First Name)

Klara

2. Surname (Last Name)

Fejfarova

3. Date

28-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Hana Malikova, MD

5. Manuscript Title

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Katarina

2. Surname (Last Name)

Nadova

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28-May-2020

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Yes No

Corresponding Author's Name

Hana Malikova, MD

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Jiri

2. Surname (Last Name)

Weichet

3. Date

28-May-2020

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Yes No

Corresponding Author's Name

Dr. Hana Malikova, PhD

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