

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) Sami	2. Surname (Last Name) KEFS	3. Date 02-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Abdulhamid chaikh
5. Manuscript Title Doses delivered by portal imaging quality assurance in routine practice of adjuvant breast radiotherapy worth to be monitored and compensated in some cases		
6. Manuscript Identifying Number (if you know it) QIMS-19-1031-MS-8042		

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Dr. KEFS 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)

Jean Yves

2. Surname (Last Name)

GIRAUD

3. Date

02-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Abdulhamid chaikh

5. Manuscript Title

Doses delivered by portal imaging quality assurance in routine practice of adjuvant breast radiotherapy worth to be monitored and compensated in some cases

6. Manuscript Identifying Number (if you know it)

QIMS-19-1031-MS-8042

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Section 1. Identifying Information

1. Given Name (First Name)

Julie

2. Surname (Last Name)

NAUD

3. Date

02-January-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Abdulhamid chaikh

5. Manuscript Title

Doses delivered by portal imaging quality assurance in routine practice of adjuvant breast radiotherapy worth to be monitored and compensated in some cases

6. Manuscript Identifying Number (if you know it)

QIMS-19-1031-MS-8042

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Yes

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1. Given Name (First Name)

Isabelle

2. Surname (Last Name)

HENRY

3. Date

02-January-2021

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Yes No

Corresponding Author's Name

Abdulhamid chaikh

5. Manuscript Title

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Isabelle

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GABELLE-FLANDIN

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02-January-2021

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Abdulhamid chaikh

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Abdulhamid chaikh
5. Manuscript Title Doses delivered by portal imaging quality assurance in routine practice of adjuvant breast radiotherapy worth to be monitored and compensated in some cases		
6. Manuscript Identifying Number (if you know it) QIMS-19-1031-MS-8042		

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1. Given Name (First Name)

Abdulhamid

2. Surname (Last Name)

Chaikh

3. Date

02-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Doses delivered by portal imaging quality assurance in routine practice of adjuvant breast radiotherapy worth to be monitored and compensated in some cases

6. Manuscript Identifying Number (if you know it)

QIMS-19-1031-MS-8042

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