

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Feng	2. Surname (Last Name) Zhao	3. Date 13-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhongjie Lu; Senxiang Yan
5. Manuscript Title Herpes simplex encephalitis during radiation therapy in a patient with nasopharyngeal carcinoma		
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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Zhao 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) Luyi	2. Surname (Last Name) Bu	3. Date 13-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhongjie Lu; Senxiang Yan
5. Manuscript Title Herpes simplex encephalitis during radiation therapy in a patient with nasopharyngeal carcinoma		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Wenbao	2. Surname (Last Name) Zhang	3. Date 13-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhongjie Lu; Senxiang Yan
5. Manuscript Title Herpes simplex encephalitis during radiation therapy in a patient with nasopharyngeal carcinoma		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Guorong	2. Surname (Last Name) Yao	3. Date 13-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhongjie Lu; Senxiang Yan
5. Manuscript Title Herpes simplex encephalitis during radiation therapy in a patient with nasopharyngeal carcinoma		
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Dr. Yao has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Xiaokai	2. Surname (Last Name) Yu	3. Date 13-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhongjie Lu; Senxiang Yan
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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xinke	2. Surname (Last Name) Li	3. Date 13-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhongjie Lu; Senxiang Yan
5. Manuscript Title Herpes simplex encephalitis during radiation therapy in a patient with nasopharyngeal carcinoma		
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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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

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) Fang	2. Surname (Last Name) Wang	3. Date 13-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhongjie Lu; Senxiang Yan
5. Manuscript Title Herpes simplex encephalitis during radiation therapy in a patient with nasopharyngeal carcinoma		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Dr. Wang 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)

Xue

2. Surname (Last Name)

Jiang

3. Date

13-May-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Zhongjie Lu; Senxiang Yan

5. Manuscript Title

Herpes simplex encephalitis during radiation therapy in a patient with nasopharyngeal carcinoma

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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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Jiang 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)

Zhongjie

2. Surname (Last Name)

Lu

3. Date

13-May-2017

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Herpes simplex encephalitis during radiation therapy in a patient with nasopharyngeal carcinoma

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. Lu 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)  
Senxiang

2. Surname (Last Name)  
Yan

3. Date  
13-May-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Herpes simplex encephalitis during radiation therapy in a patient with nasopharyngeal carcinoma

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