

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)

Jac

2. Surname (Last Name)

Nickoloff

3. Date

20-May-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Translational research in radiation-induced DNA damage signaling and repair

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Nickoloff has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Mary-Keara

2. Surname (Last Name)
Boss

3. Date
20-May-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jac A. Nickoloff

5. Manuscript Title
Translational research in radiation-induced DNA damage signaling and repair

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Allen

3. Date
20-May-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jac A. Nickoloff

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Susan	2. Surname (Last Name) LaRue	3. Date 20-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jac A. Nickoloff
5. Manuscript Title Translational research in radiation-induced DNA damage signaling and repair		
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