

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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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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Royalties: Funds are coming in to you or your institution due to your patent



| Section 1. Identifying Infor | mation | | | | |
|---|--|------------------------------|--|--|--|
| 1. Given Name (First Name) James | 2. Surname (Last Name) Byrne | 3. Date 13-September-2017 | | | |
| 4. Are you the corresponding author? | ✓ Yes No | | | | |
| 5. Manuscript Title Stereotactic conformal radiation therapy in the treatment of benign and low-grade brain tumors | | | | | |
| 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 inte | rest?Yes 🖌 No | | | | |
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| Are there any relevant connets of inte | | | | | |
| Section 4. Intellectual Prop | erty Patents & Copyrights | | | | |

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



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Dr. Byrne has nothing to disclose.

Evaluation and Feedback

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| Section 1. Identifying Inform | ation | | | | |
|---|---------------------------------|---|--|--|--|
| 1. Given Name (First Name) Trevor | 2. Surname (Last Name) Royce | 3. Date 13-September-2017 | | | |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name James D. Byrne | | | |
| 5. Manuscript Title Stereotactic conformal radiation therapy in the treatment of benign and low-grade brain tumors | | | | | |
| 6. Manuscript Identifying Number (if you know it) | | | | | |
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| Are there any relevant conflicts of interest? Yes 🖌 No | | | | | |
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Section 4. Intellectual Property -- Patents & Copyrights

| Do you have any patents, whether planned, pending or issued, broadly relevant to th | e work? | Yes | 🖌 N | lo |
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|---|------------------------------------|---|--|--|--|
| 1. Given Name (First Name) Jay | 2. Surname (Last Name) Loeffler | 3. Date 13-September-2017 | | | |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name James D. Byrne | | | |
| 5. Manuscript Title Stereotactic conformal radiation therapy in the treatment of benign and low-grade brain tumors | | | | | |
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