

Instructions

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Wolfram	rst Name)	2. Surname (Last Name) Malter	3. Date 12-January-2014
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Titl Oncoplastic brea	e ast reconstruction afte	er IORT	
6. Manuscript Ide	ntifying Number (if you	know it)	

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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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes	
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	\checkmark	No
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Dr. Malter has nothing to disclose.

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1. Given Name (First Name) Verena	2. Surname (Last Name) Kirn	3. Date 12-January-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Wolfram Malter
5. Manuscript Title Oncoplastic breast reconstruction aft	er IORT	

6. Manuscript Identifying Number (if you know it)

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 Given Name (First Name) Peter Are you the corresponding author? 	2. Surname (Last Name) Mallmann ────Yes ✔ No	3. Date 12-January-2014 Corresponding Author's Name Wolfram Malter
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1. Given Name (First Name) Stefan	2. Surname (Last Name) Kraemer	3. Date 12-January-2014
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