

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)
Dounia

2. Surname (Last Name)
Bouzid

3. Date
05-February-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
A simulation based dosimetric study for a Kypho-IORT treatment using Intrabeam™

6. Manuscript Identifying Number (if you know it)

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Dr. Bouzid 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) Nicolas	2. Surname (Last Name) Boussion	3. Date 05-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dounia Bouzid
5. Manuscript Title A simulation based dosimetric study for a Kypho-IORT treatment using Intrabeam™		
6. Manuscript Identifying Number (if you know it)		

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Dr. Boussion has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Julien	2. Surname (Last Name) Bert	3. Date 05-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dounia Bouzid
5. Manuscript Title A simulation based dosimetric study for a Kypho-IORT treatment using Intrabeam™		
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Olivier

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Pradier

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05-February-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dounia Bouzid

5. Manuscript Title

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