

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Petra

2. Surname (Last Name)
Miglierini

3. Date
15-January-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Kypho-IORT: the first French treatment

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.)?

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Dr. Miglierini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Phong	2. Surname (Last Name) Dam-Hieu	3. Date 15-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Petra Miglierini
5. Manuscript Title Kypho-IORT: the first French treatment		
6. Manuscript Identifying Number (if you know it)		

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Dr. Dam-Hieu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Stephane	2. Surname (Last Name) Key	3. Date 15-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Petra Miglierini
5. Manuscript Title Kypho-IORT: the first French treatment		
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Dr. Key has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sarah	2. Surname (Last Name) Quillevere	3. Date 15-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Petra Miglierini
5. Manuscript Title Kypho-IORT: the first French treatment		
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Section 1. Identifying Information

1. Given Name (First Name)
Anne-Sophie

2. Surname (Last Name)
Lucia

3. Date
15-January-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Petra Miglierini

5. Manuscript Title
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Petra Miglierini
5. Manuscript Title Kypho-IORT: the first French treatment		
6. Manuscript Identifying 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.)?

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Dr. Pradier has nothing to disclose.

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