

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.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Justyna

2. Surname (Last Name)
Miszczyk

3. Date
08-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Therapeutic proton irradiation results in apoptosis and caspase-3 activation in human peripheral blood lymphocytes

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Miszczyk 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)

Kamila

2. Surname (Last Name)

Rawojć

3. Date

08-June-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Justyna Miszczyk

5. Manuscript Title

Therapeutic proton irradiation results in apoptosis and caspase-3 activation in human peripheral blood lymphocytes

6. Manuscript Identifying Number (if you know it)

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Dr. Rawojć 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) Anna Maria	2. Surname (Last Name) Borkowska	3. Date 08-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Justyna Miszczyk
5. Manuscript Title Therapeutic proton irradiation results in apoptosis and caspase-3 activation in human peripheral blood lymphocytes		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Borkowska has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Agnieszka

2. Surname (Last Name)
Panek

3. Date
08-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Justyna Miszczyk

5. Manuscript Title

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Dr. Panek has nothing to disclose.

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1. Given Name (First Name)

Jan

2. Surname (Last Name)

Swakoń

3. Date

08-June-2018

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Yes No

Corresponding Author's Name

Justyna Miszczyk

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Aleksander	2. Surname (Last Name) Gałaś	3. Date 08-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Justyna Miszczyk
5. Manuscript Title Therapeutic proton irradiation results in apoptosis and caspase-3 activation in human peripheral blood lymphocytes		
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 interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Other: Anything not covered under the previous three boxes

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

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Section 1. Identifying Information

1. Given Name (First Name)
Mansoor M.

2. Surname (Last Name)
Ahmed

3. Date
08-June-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Justyna Miszczyk

5. Manuscript Title
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1. Given Name (First Name)
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2. Surname (Last Name)
Prasanna

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08-June-2018

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Corresponding Author's Name
Justyna Miszczyk

5. Manuscript Title
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