

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
27-February-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Breast experience in intraoperative radiotherapy for breast cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Miglierini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Stéphane

2. Surname (Last Name)
Key

3. Date
27-February-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Petra Miglierini

5. Manuscript Title
Breast experience in intraoperative radiotherapy for breast cancer

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Pierre-François	2. Surname (Last Name) Dupré	3. Date 27-February-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 Breast experience in intraoperative radiotherapy for breast cancer		
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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Dr. Dupré has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Emmanuelle	2. Surname (Last Name) Le Fur	3. Date 27-February-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 Breast experience in intraoperative radiotherapy for breast cancer		
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Dr. Le Fur 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)
Anne-Sophie

2. Surname (Last Name)
Lucia

3. Date
27-February-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Petra Miglierini

5. Manuscript Title
Breast experience in intraoperative radiotherapy for breast cancer

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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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Sarah	2. Surname (Last Name) Quillevere	3. Date 27-February-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 Breast experience in intraoperative radiotherapy for breast cancer		
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Section 1. Identifying Information

1. Given Name (First Name)
Olivier

2. Surname (Last Name)
Pradier

3. Date
27-February-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Petra Miglierini

5. Manuscript Title
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