

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) Janet	2. Surname (Last Name) Leon	3. Date 09-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel M. Trifiletti
5. Manuscript Title Proton beam radiosurgery: early clinical results		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Leon has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jennifer

2. Surname (Last Name)

Peterson

3. Date

09-November-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Daniel M. Trifiletti

5. Manuscript Title

Proton beam radiosurgery: early clinical results

6. Manuscript Identifying Number (if you know it)

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Dr. Peterson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Austin

2. Surname (Last Name)

Hadley

3. Date

09-November-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Daniel M. Trifiletti

5. Manuscript Title

Proton beam radiosurgery: early clinical results

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Vallow	3. Date 09-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel M. Trifiletti
5. Manuscript Title Proton beam radiosurgery: early clinical results		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Trifiletti

3. Date
09-November-2018

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5. Manuscript Title
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