

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)

Yangqing

2. Surname (Last Name)

Sun

3. Date

10-January-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Rui Wei

5. Manuscript Title

Dosimetric comparisons of craniospinal axis irradiation using helical tomotherapy, volume-modulated arc therapy and intensity-modulated radiotherapy for medulloblastoma

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Gui

2. Surname (Last Name)

Liu

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10-January-2019

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Yes

☒

No

Corresponding Author's Name

Rui Wei

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Wen

2. Surname (Last Name)
Chen

3. Date
10-January-2019

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☐ Yes ☒ No

Corresponding Author's Name
Rui Wei

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Section 1. Identifying Information

1. Given Name (First Name) Qian	2. Surname (Last Name) Zeng	3. Date 10-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rui Wei
5. Manuscript Title Dosimetric comparisons of craniospinal axis irradiation using helical tomotherapy, volume-modulated arc therapy and intensity-modulated radiotherapy for medulloblastoma		
6. Manuscript Identifying Number (if you know it) 		

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1. Given Name (First Name)
Jidong

2. Surname (Last Name)
Hong

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10-January-2019

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☐ Yes

☒ No

Corresponding Author's Name
Rui Wei

5. Manuscript Title

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1. Given Name (First Name)
Rui

2. Surname (Last Name)
Wei

3. Date
10-January-2019

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

5. Manuscript Title
Dosimetric comparisons of craniospinal axis irradiation using helical tomotherapy, volume-modulated arc therapy and intensity-modulated radiotherapy for medulloblastoma

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