

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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anthony J.	2. Surname (Last Name) Paravati	3. Date 04-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kevin T. Murphy
5. Manuscript Title Initial clinical experience with surface image guided (SIG) radiosurgery for trigeminal neuralgia		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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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Dr. Paravati has nothing to disclose.

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1. Given Name (First Name) Ryan	2. Surname (Last Name) Manger	3. Date 04-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kevin T. Murphy
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Dr. Manger 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)

Jasmine D.

2. Surname (Last Name)

Nguyen

3. Date

04-July-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Kevin T. Murphy

5. Manuscript Title

Initial clinical experience with surface image guided (SIG) radiosurgery for trigeminal neuralgia

6. Manuscript Identifying Number (if you know it)

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Dr. Nguyen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Sofia

2. Surname (Last Name)
Olivares

3. Date
04-July-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kevin T. Murphy

5. Manuscript Title

Initial clinical experience with surface image guided (SIG) radiosurgery for trigeminal neuralgia

6. Manuscript Identifying Number (if you know it)

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Gwe-Ya

2. Surname (Last Name)
Kim

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04-July-2014

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5. Manuscript Title

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Dr. Kim has nothing to disclose.

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Murphy

3. Date
04-July-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Initial clinical experience with surface image guided (SIG) radiosurgery for trigeminal neuralgia

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.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Murphy has nothing to disclose.

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